

# REQUEST FOR CERTIFICATE OF FITNESS



**LAW  
INSTITUTE  
VICTORIA**

**Inquiries:**

Certificate of Fitness  
E: [compliance@liv.asn.au](mailto:compliance@liv.asn.au)  
W: [www.liv.asn.au](http://www.liv.asn.au)

## REQUEST DETAILS

Title	Surname	Given names
Previous name (if applicable)		
Date admitted to Supreme Court of Victoria (dd/mm/yyyy) (if applicable)		
Date of birth (dd/mm/yyyy)		
Phone		
Email		
Reason for applying for the certificate		
Mailing address for certificate		
		Postcode

**Signed consent form is attached** (This application will **not** be processed without a signed consent form)

**I have contacted the Supreme Court of Victoria to arrange a Certificate of Good Standing**

The LIV will forward a copy of your Certificate of Fitness to the Supreme Court if you tick this box

## PAYMENT/TAX INVOICE ABN 32 075 475 731

**All requests must be accompanied by full payment.**

**\$165** (LIV Member price - inc GST)    **\$187** (Non-member price - inc GST)    **\$150** (exc GST – payment made from overseas)

**CHEQUE**  payable to: *Law Institute of Victoria* (staple cheque securely to form)

**CREDIT CARD**    LIV Amex    Amex    Visa    Mastercard    Diners Club

Card number                        Expiry date   /

Name on card    Signature of cardholder

### CREDIT CARD SECURITY POLICY:

In accordance with the Payment Card Industry Data Security Standard and Australian privacy law the LIV cannot accept credit card details which are included in the body of any email. To maintain payment security the LIV requests that all payments for Certificate of Fitness applications be made using this form which may be attached to an email or sent by mail.

## RETURN FORM TO:

### CERTIFICATE OF FITNESS, LAW INSTITUTE OF VICTORIA

Level 13, 140 William Street, Melbourne VIC 3000 or GPO Box 263 Melbourne VIC 3001 or DX 350 Melbourne or Fax (03) 9602 5270 or email [compliance@liv.asn.au](mailto:compliance@liv.asn.au)

# CERTIFICATE OF FITNESS CONSENT



**LAW  
INSTITUTE  
VICTORIA**

**Inquiries:**

Certificate of Fitness

E: [compliance@liv.asn.au](mailto:compliance@liv.asn.au)

W: [www.liv.asn.au](http://www.liv.asn.au)

I (print full name)

Previous name (if applicable)

Address

Postcode

Last address in Victoria if different to above

Postcode

Date of birth (dd/mm/yyyy)

Date admitted to Supreme Court of Victoria (dd/mm/yyyy) (if applicable)

Require a Certificate of Fitness from the Law Institute of Victoria.

Under the *Legal Profession Uniform Law Application Act 2014* (Vic), complaints regarding my conduct, which might lead to disciplinary proceedings, must be made to the VLSB+C.

To enable the Law Institute of Victoria to provide the Certificate of Fitness, I **CONSENT** to the Law Institute of Victoria contacting the VLSB+C to enquire:

(a) whether I am presently the subject of any disciplinary proceedings in the State of Victoria (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my practise as a local lawyer and;

(b) if relevant, the status of the most recent Australian practising certificate I have held in the State of Victoria.

I acknowledge that the Law Institute of Victoria may make enquires of relevant bodies to verify any of the information I have supplied above.

Signed

Date

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