



**BERMUDA BAR
ASSOCIATION**

PUPIL REGISTRATION FORM

**PUPILS AND PUPIL MASTERS, PLEASE FILL IN & SUBMIT
THIS FORM TO THE BERMUDA BAR ASSOCIATION:**

Name of Pupil: _____

Pupil Contact Information: Phone: _____ **Email:** _____

Name of Pupil Master: _____

Pupil Master Contact Information: Phone: _____ **Email:** _____

Name of Firm/Company: _____

Start date pupillage: _____

Expected completion month for admission to the Bermuda Bar: _____

Completed LPC, BVC, or BPTC. If BVC/BPTC, indicate which Inns of Court: _____

Bermudian, or Spouse of Bermudian: _____

Preferred area of practice: _____

Pupillages

Effective the 1st of May 2014, pupils are required to register with the Bar Association office. Pupils will also be issued a Certificate from the Association which would provide a marker that the first 6 months of pupillage is complete indicating to the members of the bar and the judiciary that the pupil now has a right of audience.

Office Location:
2nd Floor, Swan Building
26 Victoria Street
Hamilton HM 12 Bermuda

Mailing Address:
P.O. Box HM 125
Hamilton HM AX
Bermuda

Telephone & Fax
Tel: 441-295-4540
Fax: 441-295-9880
Email: bdabar@logic.bm