

Adm No: .....

PUPILLAGE REGISTRATION FORM

The Director,  
Kenya School of Law,  
P.O. Box 30369 – 00100,  
NAIROBI.

- 1. I, ..... P.105/..... of P. O. Box.....have accepted Mr. / Ms. / Miss ..... of P. O. Box..... as a pupil with effect from the..... day of ..... 20.....
- 2. I am an Advocate of the High Court of Kenya and was admitted to the Roll of Advocates on the ..... day of .....
- 3. I took out practising certificates for the following years, excluding the current year of practice  
.....
- 4. I declare that I hold a current Practising Certificate and intend to continue doing so for the entire duration of pupillage.
- 5. The pupil’s designated pupillage centre shall be at:  
Name of Pupillage Centre/Firm.....  
County .....  
Town .....  
Road/Street.....  
Building.....  
Floor Number .....  
Wing (where applicable) .....  
Room Number (where applicable) .....  
Nearest land mark (where applicable) .....

Dated this .....day of .....20.....

.....  
Signature and Stamp of Pupil Master