

# **JOHORE BAR COMMITTEE**

## **JAWATANKUASA PEGUAM NEGERI JOHOR**

No. 7.02 & 7.03, 7<sup>th</sup> Floor

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CIRCULAR NO. 66/12

**FOR MEMBERS ONLY**  
**Internal Circulation**

8<sup>th</sup> November 2012

**PRIVATE & CONFIDENTIAL**

**TO ALL MEMBERS OF THE JOHORE BAR**

**BY COURT BOX/EMAIL/FAX/JBC WEBSITE**

**(Note: As the circular is distributed via e-mail/fax, in the event it is forwarded to one person in a firm, Kindly print the same and distribute amongst the other lawyers and pupils in your office)**

### **TRAINING: YAYASAN BANTUAN GUAMAN KEBANGSAAN (“YBGK”)**

We are pleased to inform you that the training session for members who have signed up to provide legal aid in criminal cases under Yayasan Bantuan Guaman Kebangsaan (“YBGK”) has been set, the particulars of which are as follows:

**Date : 1<sup>st</sup> December 2012 (Saturday)**  
**Time : 9.00 a.m. to 3.00 p.m.**  
**Venue : Johore Bar Auditorium**



No registration/ participation fee is required.

We encourage all lawyers who would like to do YBGK work to attend these training session. It is not too late for members who have not sign up to date to do so now, in which you are required to fill up the enclosed registration form and fax it to Puan Hamidah at Legal Aid Centre at 07-226 9024 or to the Johore Bar Secretariat at 07-276 1188 not later than **23<sup>rd</sup> November 2012.**

**Please take note that attendance at this Training will earn you 5 CPD Points.**

We look forward to seeing you at the training.

**KUNA NADASEN**  
**CHAIRPERSON**  
**LEGAL AID SUB COMMITTEE**

(This is a computer-generated letter. No signature is required)



**YAYASAN BANTUAN GUAMAN KEBANGSAAN (YBGK)  
(NATIONAL LEGAL AID FOUNDATION (NLAF))  
LAWYERS REGISTRATION FORM**

## Registration Form

I would like to assist Yayasan Bantuan Guaman Kebangsaan to provide legal representation in criminal proceedings.

Please find my particulars as follows:

1.	Name	
2.	IC No	
3.	Bar Council No	
4.	Name of Firm	
5.	Address of Firm	
6.	Office Tel No.	
7.	Office Fax No.	
8.	Mobile No.	
9.	Email	
10.	Qualification	
11.	Date of commencement of practice	
12.	Number of years in practice	

Date: \_\_\_\_\_

Signature : \_\_\_\_\_

*Kindly complete and return this registration form by fax to 07-2761188 or 07-2269024.*

*For further information, please contact Pn. Siti / Pn. Hamidah by telephone at 07-2763888 or 07-2211437*