

PUSAT BANTUAN GUAMAN MAJLIS PEGUAM

BAR COUNCIL LEGAL AID CENTRE



PULAU PINANG
(Founded 1980)

24 Mar 2022

CIRCULAR NO: 04/22

TO: MEMBERS OF THE PENANG BAR

RE: YBGK TRAINING PROGRAMME FOR LAWYERS

PART 1 – YBGK ADMINISTRATIVE MATTERS
PART 2 – ARREST, REMAND, BAIL & MITIGATION
PART 3 – CRIMINAL TRIAL ADVOCACY

The Penang Legal Aid Centre and Yayasan Bantuan Guaman Kebangsaan (PLAC/YBGK) will be conducting a YBGK Training Programme (Parts 1 & 2 and Part 3) for Members in May/June 2022. Kindly take note that Parts 1 and 2 will be conducted together while Part 3 will be conducted on another date for Members who have successfully completed Parts 1 & 2.

We therefore invite Members who are interested to attend either or both Training Sessions to fill up the attached registration forms and e-mail the same to eoplac2015@gmail.com before 15 Apr 2022.

For further information, kindly contact PLAC Executive Officer, Ann Beatrice at 04-261 7451 / 04-261 0739.

Thank you.

Muhammad Arif Bin Shahrudin
Chairman
Penang Legal Aid Centre



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

Registration Form to Attend YBGK Training Part 1 & Part 2

I am interested to participate in YBGK training to provide legal representation in criminal proceedings.

PLEASE FIND MY PARTICULARS AS FOLLOWS:

1.	NAME	
2.	NAME OF FIRM	
3.	ADDRESS OF FIRM	
4.	OFFICE TEL NO	
5.	MOBILE NO	
6.	EMAIL	
7.	BC NO	
8.	DATE OF COMMENCEMENT OF PRACTISE	

DATE: _____

SIGNATURE: _____

*Kindly complete and return this form by email to eoplac2015@gmail.com by 15th April 2022.
For further information, please contact Ann Beatrice at 04-2610739 or 04-2617451*

	<p>YAYASAN BANTUAN GUAMAN KEBANGSAAN (YBGK) (NATIONAL LEGAL AID FOUNDATION (NLAF)) LAWYERS REGISTRATION FORM</p>
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Registration Form to Attend YBGK Training Part 3

I am interested to participate in YBGK training to provide legal representation in criminal proceedings. I have completed Part 1 & Part 2 training on _____.

PLEASE FIND MY PARTICULARS AS FOLLOWS:

1.	NAME	
2.	NAME OF FIRM	
3.	ADDRESS OF FIRM	
4.	OFFICE TEL NO	
5.	MOBILE NO	
6.	EMAIL	
7.	BC NO	
8.	DATE OF COMMENCEMENT OF PRACTISE	

DATE: _____

SIGNATURE: _____

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