

# SUPREME COURT OF JUDICATURE OF GUYANA

## Application for Appointment as Registrar of Deeds

Closing Date for Completed Applications:

**May 7, 2026 at 4:30 p.m.**

**All referee forms in support of applications must be submitted directly by referees on or before the closing date for applications.**

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This form should be typewritten or handwritten clearly in **black** ink. If there is insufficient space on the form, please continue on a separate sheet.

Please read the guidance notes before completing this Form.  
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**JUDICIAL SERVICE COMMISSION**

[judicialservicecommissiongy@outlook.com](mailto:judicialservicecommissiongy@outlook.com)

**APPLICATION FOR APPOINTMENT AS REGISTRAR OF DEEDS**

|  |            |              |             |
|--|------------|--------------|-------------|
| <b>Date available to commence work if offer of appointment made:</b> | <i>Day</i> | <i>Month</i> | <i>Year</i> |
|  |            |              |             |

**SECTION A – PERSONAL DETAILS**

| <b>Title</b> ( <i>indicate with an 'x'</i> ):  | <b>Mr.</b> | <b>Mrs.</b> | <b>Ms.</b> | <b>Other</b> ( <i>please state</i> ) |
|--|------------|-------------|------------|--------------------------------------|
|  |            |             |            |                                      |
| <b>Last/Surname/Family Name:</b>   |            |             |            |                                      |
| <b>First/Given Name:</b>   |            |             |            |                                      |
| <b>Decorations/Honours/Titles:</b>   |            |             |            |                                      |
| <b>Date of Birth:</b><br><i>(a certified copy of the biodata page of your Passport or a certified copy of your National Identification Card along with a certified copy of your Birth Certificate must be submitted with the Application Form)</i> |            |             |            |                                      |
| <b>Business Address:</b>   |            |             |            |                                      |
| <b>Business Telephone Number(s):</b>   |            |             |            |                                      |
| <b>Business E-mail:</b>  |            |             |            |                                      |
| <b>Home Address:</b>   |            |             |            |                                      |

|  |                         |                |                |                  |                 |
|--|-------------------------|----------------|----------------|------------------|-----------------|
|  |                         |                |                |                  |                 |
| <b>Personal Telephone Number(s):</b>   |                         | <b>Home:</b>   |                |                  |                 |
|  |                         | <b>Cell:</b>   |                |                  |                 |
| <b>Personal E-mail:</b>  |                         |                |                |                  |                 |
| <b>Mailing Address:</b><br><i>(if same as business or personal, please indicate)</i>                             |                         |                |                |                  |                 |
| Please indicate with an 'x' the <b>address</b> to be used for correspondence relating to this application:       | <b>Business:</b>        |                |                |                  |                 |
|  | <b>Personal:</b>        |                |                |                  |                 |
|  | <b>Mailing:</b>         |                |                |                  |                 |
| Please indicate with an 'x' the <b>email address</b> to be used for correspondence relating to this application: | <b>Business:</b>        |                |                |                  |                 |
|  | <b>Personal:</b>        |                |                |                  |                 |
| <b>Please indicate with an 'x' your appropriate current employment status:</b>                                   |                         |                |                |                  |                 |
| <b>Nationality/Nationalities/ Primary Nationality:</b>   |                         |                |                |                  |                 |
| <b>MARITAL STATUS:</b>   |                         |                |                |                  |                 |
| <b>Single</b>  | <b>Common law union</b> | <b>Married</b> | <b>Widowed</b> | <b>Separated</b> | <b>Divorced</b> |
|  |                         |                |                |                  |                 |
| <b>Spouse's or former spouse's names</b> <i>(in full, including birth name):</i>                                 |                         |                |                |                  |                 |
| <b>Spouse's or former spouse's nationality at birth, date and place of birth:</b>                                |                         |                |                |                  |                 |
| <b>Spouse's or former spouse's present occupation, name and address of employer:</b>                             |                         |                |                |                  |                 |

| <b>CHILDREN</b>  |                      |
|--|----------------------|
| <b>Names (<i>in full</i>)</b>                                  | <b>Date of Birth</b> |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
| <b>PARENTS</b>   |                      |
| <b>Father's name (<i>in full</i>):</b>                         |                      |
| <b>Father's occupation:</b>                                    |                      |
| <b>Father's nationality at birth, date and place of birth:</b> |                      |
| <b>Father's address:</b>                                       |                      |
| <b>Mother's name (<i>in full</i>):</b>                         |                      |
| <b>Mother's occupation:</b>                                    |                      |
| <b>Mother's nationality at birth, date and place of birth:</b> |                      |
| <b>Mother's address:</b>                                       |                      |

| <b>SIBLINGS</b>  |                      |                       |                        |                   |
|--|----------------------|-----------------------|------------------------|-------------------|
| <b>Names (<i>in full</i>)</b>  | <b>Date of Birth</b> | <b>Place of Birth</b> | <b>Present Address</b> | <b>Occupation</b> |
|  |                      |                       |                        |                   |
|  |                      |                       |                        |                   |
|  |                      |                       |                        |                   |
|  |                      |                       |                        |                   |
|  |                      |                       |                        |                   |
| <b>Give particulars of any ailment (physical, emotional, medical or mental) from which you have suffered/ are suffering:</b> |                      |                       |                        |                   |

**SECTION B – EDUCATIONAL, PROFESSIONAL AND TRAINING HISTORY AND EXTRACURRICULAR ACTIVITIES**

(Certified copies of certificates or official transcripts of all stated education qualifications **must** be submitted along with the Application Form)

**1.) FURTHER AND HIGHER EDUCATION**

| Degrees/Diplomas/<br>Certificates<br><i>(List as many as relevant)</i> | University/College/ Institution/<br>Organization attended and addresses | Years attended |    |
|--|---|----------------|----|
|  |   | From           | To |
|  |   |                |    |
|  |   |                |    |
|  |   |                |    |
|  |   |                |    |

**2.) PROFESSIONAL AND LEGAL TRAINING**

| Degrees/Diplomas/<br>Certificates<br><i>(List as many as relevant)</i> | University/College/Institution/Organization<br>attended and addresses | Years<br>attended |    |
|--|---|-------------------|----|
|  |   | From              | To |
|  |   |                   |    |
|  |   |                   |    |
|  |   |                   |    |
|  |   |                   |    |

**3.) ADMISSION TO THE BAR**

*(For attorneys-at-law in private practice, kindly provide a Certificate of Good Standing)*

| Date(s) of Admission | Place(s) of Admission | Year Silk Taken<br><i>(if applicable)</i> |
|----------------------|-----------------------|---|
|                      |                       |   |
|                      |                       |   |
|                      |                       |   |
|                      |                       |   |

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|--|--|--|
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**4.) PROFESSIONAL EXPERIENCE**

Please give details of your professional experience since being called to the Bar, starting with the most recent.

| Role/Position Title | Chamber/Firm/Organisation and address | Years |    | Particulars of Work | Reason for Leaving (if applicable) |
|---------------------|---------------------------------------|-------|----|---------------------|------------------------------------|
|                     |                                       | From  | To |                     |                                    |
|                     |                                       |       |    |                     |                                    |
|                     |                                       |       |    |                     |                                    |
|                     |                                       |       |    |                     |                                    |
|                     |                                       |       |    |                     |                                    |
|                     |                                       |       |    |                     |                                    |

**5.) POSITIONS OF LEADERSHIP**

| Role/Position Title | Organisation and address | Years |    | Particulars of Work | Reason for Leaving (if applicable) |
|---------------------|--------------------------|-------|----|---------------------|------------------------------------|
|                     |                          | From  | To |                     |                                    |
|                     |                          |       |    |                     |                                    |
|                     |                          |       |    |                     |                                    |
|                     |                          |       |    |                     |                                    |
|                     |                          |       |    |                     |                                    |

**6.) JUDICIAL EXPERIENCE**

|  |            |           |
|--|------------|-----------|
| <b>Do you now hold, or have you held in the past any judicial appointments?</b>  | <b>YES</b> | <b>NO</b> |
| <b>If you currently hold a judicial position, please state the court(s) where you now preside or serve, duration of your appointment and a brief description of the scope of your work.</b>          |            |           |
| <b>If you previously held judicial positions, please state the court(s) where you have presided or served, the duration of your appointments, and a brief description of the work you have done.</b> |            |           |

**7.) EXTRACURRICULAR ACTIVITES**

|   |  |
|---|--|
| <b>Please give details of the extracurricular activities and any organisations in which you engage.</b> |  |
|---|--|

**SECTION C – GENERAL**

| <b>CHARACTER</b>  |           |   |
|---|-----------|---|
| <b>Have you or any family member ever been convicted of or cautioned in relation to any criminal offence?</b> | <b>NO</b> | <b>YES</b> <i>(please give details including dates)</i> |

|   |                  |  |
|---|------------------|--|
| <p><b>Have you ever been adjudged bankrupt, made a composition with your creditors, or have been sued to judgment for any debt, or are any such proceedings pending?</b></p>  | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Have you or any family member ever had proceedings brought against you, or paid a penalty or made a composition in respect of failing to pay or any other default relative to any other form of tax or rates, or are there any such proceedings pending?</b></p>  | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Have you ever had action brought against you for professional negligence without a matter being dismissed, or are any such proceedings pending?<br/>If any such action has been brought or is pending against you or your firm in respect of any matter under your supervision, please state at answer "YES".</b></p> | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Are you, or have you ever been subject to</b></p>   | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |

|   |                  |  |
|---|------------------|--|
| <p><b>disciplinary proceedings before the Legal Practitioner’s Committee in respect of complaints regarding a matter involving you personally or under your supervision, without the matter having been dismissed, or are any such proceedings pending?</b></p> |                  |  |
| <p><b>Do you or any family member have any other legal proceedings pending against you?</b></p>   | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Do you serve as an Officer, Director, Advisor or Employee of any business?</b></p>  | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Has your behaviour or conduct ever been criticized or been a subject of discussion in a written decision by any court?</b></p>  | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Do you ever consume alcohol or other drugs, including prescription drugs, in such a manner that would affect your performance in this post?</b></p>   | <p><b>NO</b></p> | <p><b>YES</b> <i>(please give details including dates)</i></p> |
| <p><b>Have you been engaged in any publication of materials?</b></p> <p><b>List publications to which you have contributed significantly, and describe your role:</b></p>   |                  |  |

|  |  |  |
|--|--|--|
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|   |           |   |
|---|-----------|---|
| <b>Are you aware of anything in your private or professional life which would be a source of embarrassment to yourself or the Deeds Registry if it became known in the event of your appointment?</b> | <b>NO</b> | <b>YES</b> ( <i>please give details including dates</i> ) |
|---|-----------|---|

**FURTHER INFORMATION**

**Please provide any other information which you consider may be relevant to your application for the position of Registrar of Deeds. It is important that you candidly assess your own suitability for appointment.**

### REFERENCES

Please provide the names, positions and professional addresses of three (3) members of the judiciary and/or the legal profession who you consider will be able to comment on your qualities and experience.

| Particulars      | Referee 1 | Referee 2 | Referee 3 |
|------------------|-----------|-----------|-----------|
| Name             |           |           |           |
| Occupation       |           |           |           |
| Business Address |           |           |           |
| Tel. No.         |           |           |           |
| Email            |           |           |           |

### SECTION D – DECLARATION

I \_\_\_\_\_ swear/affirm under the penalty of perjury that the information which I have given on this form is true to the best of my knowledge and belief. I understand that any misrepresentation may result in my disqualification even after appointment. I also understand and agree that, if offered employment, I will be required to undergo a pre-employment medical examination.

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

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

Please note that **completed applications** (including Referee Assessment Forms) **MUST** be submitted, under confidential cover and hand delivered or sent by post, courier or email in **PDF** to reach the Secretary to the Judicial Service Commission by **May 7, 2026, at 4:30 p.m.**

**The Secretary**  
Judicial Service Commission  
Court of Appeal Building  
60 High Street  
Kingston  
Georgetown

Telephone : 227-2086 or 227-2980

In PDF via Email: [judicialservicecommissiongy@outlook.com](mailto:judicialservicecommissiongy@outlook.com)

Co-operative Republic of Guyana  
Judicial Service Commission

Application for Appointment as Registrar of Deeds