

IN THE SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS



IN THE MATTER OF:

(Registrant's Legal Name)

S. Ct. ARS No. _____

VI Bar Number: _____

ANNUAL REGISTRATION CARD REPLACEMENT FORM

Reason for Replacement:

DELIVERY INFORMATION

(Please select the method of delivery)

Please mail the replacement card to the address listed below. Registration cards are mailed via the USPS. **(Please note:** If this is an international address, please enter the address on first three lines only.)

Please forward to the following address:

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Please contact the attorney registrant when the replacement card is ready for pickup.

Telephone: Number: _____

Email Address: _____

Signature: _____

Date: _____

(Attorney Registrant's signature must be affixed to the form in accordance with VISCR 40.4)