

EASTERN CAPE PROVINCIAL OFFICE

Physical Address: 44 Pearce Street | Berea | EAST LONDON | 5241
Postal Address: P O Box 11121 | Southernwood | East London | 5213 | Docex 17
Tel: +27 (0) 43 050 1025
Email: infoec@lpc.org.za

NATIONAL OFFICE

Thornhill Office Park Building 20 | 94 Bekker Road | Vorna Valley | MIDRAND | 1686
Tel: +27 (0) 10 001 8500 | E-mail: info@lpc.org.za



NEW PRACTICE REQUIREMENTS

OPENING OF A TRUST BANK ACCOUNT

- In terms of the provisions of Section 86 of the Attorneys Act, 2014 a trust bank account must be opened for the new practice.
- Some banks may request a letter from the Legal Practice Council to confirm that the person is registered as an attorney – you may request same from us in writing.
- Request a letter from the bank / bank account statement to serve as confirmation of the opening of the trust banking account.

FICA-REGISTRATION

- In terms of the FIC Amendment Act, 2008 (Act 11 of 2008), all attorneys' firms must register with the Centre.
- Application for registrations must be submitted to the Centre electronically by means of an internet-based portal at the Centre's internet address: <http://www.fic.gov.za>.

REQUIREMENTS OF THE LEGAL PRACTICE COUNCIL

An attorney who wishes to commence practising for his /her own account, should comply with the following requirements of the Legal Practice Council:

Advise the Legal Practice Council in writing of the following:

- the opening date of the practice;
- the physical address; contact address and docex address (if any);
- the telephone number, telefax number and e-mail address (if any);
- the full names of all the partners/directors, professional assistants, associates and/or consultants of the firm;
- the trust bank account number and the name and address of the banking institution;
- particulars relating to the bank and branch where the bank account is being conducted;
- submit a letter from the bank or a bank account statement to confirm that the trust account has been opened.
- Confirmation that your estate has not at any time been sequestrated, by way of affidavit, and if so, proof of subsequent rehabilitation
- auditor's details, by way of their letterhead reflecting the IRBA registration number.
- Proof of FICA registration (i.e. ORG ID)
- Cipc registration documents (if applicable)
- proof and ensure that the Main Business/Main Object of the practice is reflected on the CIPC Registration Certificate as "Attorneys Practice and related functions" (Proof provided to be the CIPC certificate or Memorandum of Incorporation or a resolution signed by all shareholders and directors)
- Certified copy of share certificates (if applicable)

MANDATORY LEGAL PRACTICE MANAGEMENT TRAINING

All attorneys who are required to apply for a Fidelity Fund certificate for the first time after **14 August 2009** must complete a course in legal practice management. The training course is offered by the Legal Education and Development (LEAD) section of the Law Society of South Africa and information on the course is available from LEAD. Tel: 012 441 4600 or on their website: www.lssalead.org.za. Proof of compliance with this requirement must be submitted to the Law Society, failing which a Fidelity Fund certificate will not be issued again.

Complete the application form for the opening of a new practice and submit the **original form to our offices:**

EXECUTIVE COMMITTEE: Ms Kathleen Dlepu (*Chairperson*) | Adv Anthea Platt SC (*Deputy Chairperson*) |
Adv. Greg Harpur SC | Ms Trudie Nichols | Mr Lutendo Sigogo | Mr Jan Stemmett | Adv. Phillip Zilwa SC
Executive Officer : Ms Charity Nzuza

MPUMALANGA OFFICE - DIRECTOR: ALFRED HONA

LEGAL PRACTICE COUNCIL

EASTERN CAPE

OPENING OF A PRACTICE PRACTISING FOR OWN ACCOUNT

NAME & SURNAME

PARTNERS

PROF.ASSISTANTS/ASSOCIATES/CONSULTANTS.....

NAME OF PRACTICE

OPENING DATE OF PRACTICE

FINANCIAL YEAR END OF PRACTICE

ADDRESS PARTICULARS OF PRACTICE

STREET ADDRESS:.....

.....

POSTAL ADDRESS / DOCEX:.....

E-MAIL:.....

TEL NO: (.....)..... FAX NO : (.....).....

CELL PHONE NO:.....

TRUST BANK ACCOUNT DETAILS

BANK:..... ACC NO:.....

(a letter from the bank is required as confirmation of bank details)

SIGNATURE:.....

DATE:.....

**RULE 31-APPLICATION FOR CONVERSION OF ENROLMENT:
NON -PRACTISING ROLL TO PRACISING ROLL (OPENING OF A NEW PRACTICE)**

The following documents must be attached hereto:

1. Certified copy of your identity document & marriage certificate if your surname changed after your admission;
2. **ORIGINAL J349**-document issued by the Registrar of *EVERY* Court where you were enrolled that must not be older than three months from the date of issuing thereof.

FULL NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

PERSONAL E-MAIL ADDRESS: _____

IF YOU INTEND TO RE-COMMENCE PRACTISING PROVIDE THE FOLLOWING INFORMATION:

DATE WHEN YOU INTEND COMMENCING PRACTISING AS A DIRECTOR: _____

NAME OF FIRM: _____

PHYSICAL ADDRESS OF FIRM: _____

POSTAL ADDRESS OF FIRM: _____

BUSINESS E-MAIL ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

FAX NUMBER: _____

I confirm that I have not been admitted/enrolled in any other Court other than the Court that is referred to in the attached J349-document.

SIGNATURE

DATE