

**APPLICATION FOR ENROLMENT WITH THE
LEGAL PRACTICE COUNCIL – EASTERN CAPE PROVINCIAL COUNCIL**

IN TERMS OF SECTION 30 OF THE LEGAL PRACTICE ACT, AS AMENDED (read with RULE 17)



Title:

First Names:

Surname:

Identity Number:

Tel Number:

Cell Number:

Personal Email Add:

Physical Address:

Postal Address:

Do you intend to practice after your admission:

Do you intend to practice as an Attorney/Advocate:

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IF YOU INTEND PRACTISING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Do you intend to practice WITH or WITHOUT a Fidelity Fund Certificate:
2. Position that you will be holding at the firm:
3. Date you intend commencing practice:
4. Name of Practice:
5. Address of Practice:
6. Postal Address of Practice:
7. Business Email Address:
8. Business Tel Number:
9. Fax Number:

SIGNATURE

DATE