

APPLICATION FOR ENROLMENT WITH THE LEGAL PRACTICE 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 Address: _____

Postal Address: _____

Do you intend to practice after your admission :

Do you intend to practice as an Attorney/ Advocate:

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LEGAL PRACTICE COUNCIL**

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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 _____