



APPLICATION FOR ENROLMENT WITH THE LEGAL PRACTICE COUNCIL – KWAZULU-NATAL PROVINCIAL OFFICE

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 practise after your admission:

Do you intend to practise as an Attorney/Advocate:



APPLICATION FOR ENROLMENT WITH THE LEGAL PRACTICE COUNCIL – GAUTENG PROVINCIAL OFFICE

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

IF YOU INTEND PRACTISING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Do you intend to practise 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