

**APPLICATION FOR ACCREDITATION BY LEGAL PRACTITIONER**

**A. PARTICULARS OF APPLICANT**

NAME  SURNAME

ID NO.  GENDER  MALE  FEMALE

DISTRICT WHERE MAINLY PRACTISING

PRACTITIONER CELL

PRACTITIONER EMAIL

**B. PRACTITIONER DETAILS** PRACTITIONER TYPE  Advocate  Attorney

PROFESSIONAL BODY

RIGHT OF APPEARANCE IN HIGH COURT  Y/N CSD REGISTRATION NO

LANGUAGES other than English

**C. AREAS WILLING TO UNDERTAKE WORK** (list additional courts in annexure)

COURT		COURT	
<input type="text"/>	<input type="checkbox"/> Y/N	<input type="text"/>	<input type="checkbox"/> Y/N
<input type="text"/>	<input type="checkbox"/> Y/N	<input type="text"/>	<input type="checkbox"/> Y/N

**D. SUPPORTING DOCUMENTATION**

High Court appearance certificate  Certificate of good standing from Law Society/ advocate's professional body

Attorney- HC Work  Copy of ID  CSD Report

**E1. CRIMINAL WORK EXPERIENCE**

(select relevant experience per court type)

	0-1years	1-2years	3-5years	5-10years	10 years +
<b>1. DISTRICT COURT</b>					
<b>2. REGIONAL COURT</b>					
<b>3. HIGH COURT</b>					

**E2. CIVIL WORK EXPERIENCE**  < 1 year (Level 1)  1-2 years (Level 2)  3-5 years (Level 3)  5-10 years (Level 4)  10 years + (Level 5)

Litigation in Magistrate Court  Family law work  Litigation in High Court

Alternative dispute resolution/arbitration/commercial or nonlitigious work  Labour Law matters

**TICK IF YOU ARE A SPECIALIST IN ANY OF THE FOLLOWING:**

Restitution of Land Rights Act, 1994  Labour Court / Labour Appeal Court matters  Refugees Act, 1998

Land Reform (Labour Tenants) Act, 1996  Prevention of Illegal Evictions From and Occupation of Land Act, 1998

Extension of Security of Tenure Act, 1997  Hague Convention on Aspects of International Child Abduction Act, 1996

**E3. PRO-BONO WORK** Are you willing to do Pro-Bono work for the Legal Aid SA Clients?  Y/N

**F. SIGNATURE AND DATE** I certify that the details stated above are true and correct and undertake to immediately inform Legal Aid SA of changes. I also declare that I am not a government employee or an employee of a Legal Aid SA Co-operation Partner.

SIGNATURE OF APPLICANT:

DATE:  /  / 2 0

**VENDOR DETAILS OF LEGAL FIRM OR ADVOCATE**

**G. PARTICULARS OF APPLICANT FIRM / ADVOCATE'S PRACTICE**

**NAME OF FIRM**

**TYPE OF LEGAL ENTITY**  PARTNERSHIP  SOLE PRACTITIONER  INCORPORATED COMPANY

**MAIN PRACTICE POSTAL ADDRESS**

Vendor Telephone Number:

Vendor Fax:

Vendor Email:

Docex No:  VAT Registration No:

**H. BROAD BASED BLACK ECONOMIC EMPOWERMENT CREDENTIALS (B-BBEE)**

**OWNERSHIP DETAILS.** Number(s) of practitioners who are partners or directors in the firm:

No. African  No. Indian  No. Coloured  No. White

**EMPLOYMENT EQUITY.** Number(s) of qualified practitioners (excluding Article Clerks) *applying for accreditation*

No. African  No. Indian  No. Coloured  No. White

**TOTAL PRACTITIONERS.** Total number of qualified practitioners *including those not applying for accreditation*

Total number of practitioners in employ of Vendor

**I. ELECTRONIC FUNDS TRANSFER DETAILS**

**BANK**

**BRANCH NAME**

**BRANCH CODE**

**ACCOUNT NUMBER**

**ACCOUNT TYPE**  CHEQUE  SAVINGS  TRANSMISSION (Mark account type)

**J. SIGNATURE AND DATE**

I/We hereby instruct and authorise the Legal Aid SA to pay amounts which may accrue to me/us to the credit of the above mentioned bank account or any other bank or branch to which I/we may transfer my/our account. I/We understand that the credit transfers hereby authorised will be processed through a computerised system provided by the South African banks and I/we also understand that details of each payment will be printed on my/our bank statement or an accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements, e.g. Savings or transmission accounts).

**ASSIGNMENT/CESSION**

I/We acknowledge that save as obliged to do so by law and/or court order Legal Aid SA is only authorised to effect a credit against my/our account and therefore that I/We may not cede or assign this instruction nor any of my/our rights or obligations arising out of the execution thereof. Should I/We do so, then Legal Aid SA is not obliged to effect payment for any services rendered by such third party or to effect payment to such third party for my execution of the said instruction.

**SIGNED AT**  on this  day of  20

**SIGNATURE**

**I UNDERTAKE TO IMMEDIATELY INFORM THE LEGAL AID SA OF ALL CHANGES TO THE ABOVE DETAILS**