

CONTRIBUTION PAYABLE BY THE CLIENT

A CLIENT'S DETAILS

I, the undersigned (Full Name and Surname)

Having applied for legal aid and having been found to have exceeded the Means Test by

R (amount in excess of the permitted income for contribution-free

legal aid) per month and having been granted legal aid subject to the payment of a contribution of

R acknowledge that:

- I will pay the full contribution of R (amount of contribution) as a once-off payment within 7 (seven) days of the initial grant of legal aid.
- The contribution amount must be deposited directly into the following Trust Bank Account using the reference number on the approval letter:
Bank: Absa
Branch Code: 632005
Account Number: 4126749417
Account Name: Legal Aid SA Trust Account
Ref number :
- I acknowledge that no contribution may be received by any Legal Aid SA practitioner, employee or any Judicare legal practitioner instructed by Legal Aid SA.
- I confirm and acknowledge that no employee of Legal Aid SA may request any money from me other than as provided for in this document.
- I acknowledge that should I fail to pay the lump sum contribution amount, legal aid shall automatically be terminated and the assigned legal practitioner will confirm the termination of legal aid and file and serve the relevant notices advising the court and parties of the withdrawal of Legal Aid SA as attorneys on record.
- I acknowledge that legal aid is granted subject to the lump sum payment of the full amount of the contribution as determined by Legal Aid SA.
- I further acknowledge that I understand that no Legal Aid SA practitioner will provide legal aid representation without receipt of proof of payment of the lump sum contribution amount.

B SIGNED AT

CLIENT SIGNATURE

PLACE

DATE:

 / / 20