ANNEXURE 0 4



APPLICATION FOR ACCREDITATION BY LEGAL PRACTITIONER

Your voice. For justice.

NAME	SUI	RNAME			
ID NO.			GENDER MAL	E FEMALE	
DISTRICT WHERE MAINLY PRACTISING					
PRACTITIONER CELL					
PRACTITIONER EMAIL					
PRACTITIONER DETAILS					
PRACTITIONER TYPE Advocate Attorney					
PROFESSIONAL BODY					
RIGHT OF APPEARANCE IN HIGH COURT Y/N DATE O	F ADMISSION				
LANGUAGES other than English					
AREAS WILLING TO UNDERTAKE WOI	RK (list additiona	al courts in annexu	ıre)		
COURT Require Travel Reimb	oursement?	COURT		Requi	re Travel Reimburseme
	Y/N				Y
	Y/N				Υ,
SUPPORTING DOCUMENTATION					
Signed Accreditation Agreement	Copy of ID			Tax clearance	
Certificate of admission	Certificate of	good standing		High Court appeara	ance certificate
CRIMINAL COURT TYPE AND EXPERIE	POST	ADMISSION EXPE	RIENCE		
(Tick only if willing to do the particular type of work)		1 to 3 years	3 to 5 years	more than 5 years	
1. DISTRICT COURT					
2. REGIONAL COURT					
3. HIGH COURT					
CIVIL WORK EXPERIENCE					
CIVIL WORK EXPERIENCE < 1 year 1-2 years 3-5 years	5-10 years	10 years -	+		
	5-10 years (Level 4)	10 years - (Level 5)	+		
1 year 1-2 years 3-5 years			-		

PRO-BONO WORK Are you willing to do Pro-Bono work for Legal Aid SA Clients?

ANNEXURE 0 4



VENDOR DETAILS OF LEGAL FIRM OR ADVOCATE

Your voice. For justice.

PRACTICE NAME																				_
TYPE OF LEGAL ENTITY	,	PARTNE	RSHIF	,		SOLE	PRACTI	TIONER	 }		INC	ORPO	ORATE	D CON	PANY	, '		ADV	/OCAT	— Е
MAIN PRACTICE POSTA		Г		ı					L											
																	(0)
Vendor Telephone Numb	er:																			
Vendor Fax:			$\overline{\parallel}$	$\overline{\Box}$	$\overline{\mathbb{T}}$	$\overline{\mathbb{T}}$	$\overline{\Box}$	$\overline{\Box}$	$\overline{1}$											
Vendor Email:																				
Docex No:								VAT R	egistra	tion l	No:									_
BLACK ECONO	MICF	MPC		:	FNT	CRE	DE	JTIA	 I S (I	 RFI	<u></u> F)						• • • • • •			
OWNERSHIP DETAILS.									_		-,									
African	Indian			Coloure	d		Whit	:e												
EMPLOYMENT EQUITY	. Number(s) of qu	alified	practit	ioners	(exclud	ding Ar	ticle Cle	rks) <i>ap</i>	plyin	ng for a	iccred	litatio	n						
African	Indian		(Coloure	d		Whit	e												
TOTAL PRACTITIONERS	S. Total nu	mber of	f quali	fied pra	actitio	ners <i>inc</i>	luding	those n	ot apply	ying 1	for acc	redita	ation							
Total number of p	ractitioner	s in em	ploy o	f Vendo	r															
ELECTRONIC F	UNDS	TRA	NS	FER	DE1	TAIL	S													
BANK																				
BRANCH NAME				_			_													
BRANCH CODE						Щ	Щ													
ACCOUNT NUMBER																				
ACCOUNT TYPE		CHEQUE			SAVINGS			TRANS	MISSI	ON	(Ma	(Mark account type)								
SIGNATURE AI	ND DA	TE	•••••		••••	•••••	•••••		•••••	••••		••••	•••••				• • • • • •			•••
I hereby instruct and auth- to which I/we may transfe the South African banks a apply where it is not custo	orise Legal r my/our a nd I/we als	Aid SA t ccount. I o unders	I/We u stand t	ndersta that det	ind tha ails of	t the cr each pa	edit tra syment	nsfers h will be _l	ereby a orinted	utho on m	rised w ny/our	vill be bank	proc	essed th	rougl	h a coi	mpute	rised sy	/stem	pro

SIGNATURE ______ I UNDERTAKE TO IMMEDIATELY INFORM LEGAL AID SA OF ALL CHANGES TO THE ABOVE DETAILS.