

## A. PARTICULARS OF ASSOCIATION

NAME OF ASSOCIATION

POSTAL ADDRESS   
 C O D E

PHYSICAL ADDRESS   
 C O D E

Telephone Number:

Fax:

Cell:

Email:

Docex No:  City / Town:

## B. SUPPORTING DOCUMENTATION

COPY OF ID OF THE AUTHORIZED REPRESENTATIVE  CONSTITUTION  CODE OF CONDUCT  EXCO DETAILS  DISCIPLINARY CODE

## C. PRO-BONO WORK

Is your association willing to enter into pro bono agreement with Legal Aid SA?  Y/N

## D. ACCREDITATION CHECKLIST

COPY OF ID OF REPRESENTATIVE  CONSTITUTION  
 CODE OF CONDUCT  EXCO DETAILS  
 DISCIPLINARY CODE

## E. SIGNATURE

I certify that the details stated above are true and correct and undertake to immediately inform Legal Aid SA of changes.

SIGNATURE OF REPRESENTATIVE

DATE:  D D / M M / 2 0