



LEGAL PRACTICE COUNCIL ELECTIONS 2018
NOMINATION FORM FOR ADVOCATES
NOMINATION PERIOD: 4 SEPTEMBER UNTIL 14 SEPTEMBER 2018

The Minister promulgated Regulations in terms of section 109 (1)(a) of the Legal Practice Act of 2014, by publication in the Gazette on 31 August 2018. The Chairperson of the National Forum calls for nominations for attorneys for election to the Legal Practice Council. The originally signed nomination form must reach the election agency referred to below as agent for the National Forum by midnight on 14 September 2018.

Attention is drawn to the provisions of section 7(2) and (3) and section 8 of the Legal Practice Act, 2014.

1. DETAILS OF THE NOMINEE:

Name/s: _____

Surname: _____

ID or Passport No: _____

Address of principal place of practice:

Street: _____

Town/City: _____

Province: _____

Do you render legal services in terms of section 34(2)(a)(i) _____ or section 34(2)(a)(ii) _____ of the Legal Practice Act, 2014

Senior Counsel: Yes: _____ No: _____

Date of Admission: _____ Date of Enrolment: _____ Period in Practice: _____

Race: _____ Gender: _____ Disability (not compulsory): _____

Please state your knowledge and experience in the matters set out in section 7(2)(e) of the legal Practice Act 2014.

Email: _____ Cell number: _____

Nominee Signature: _____ Date: _____

DECLARATION BY NOMINEE: ADVOCATE

I, _____ the undersigned, hereby
declare under oath as follows:

(a) I consent to my nomination as a candidate for appointment as a member of the National
Legal Council

(b) The information given herein is correct; and

(c) I am not disqualified in terms of section 8 of the Legal Practice Act 2014 from membership
of the Council.

Signature: _____ Date: _____

2. DETAILS OF NOMINATOR 1:

Name/s: _____

Surname: _____

ID or Passport No: _____

Address of principal place of practice:

Street: _____

Town/City: _____

Province: _____

Do you render legal services in terms of section 34(2)(a)(i) _____ or section 34(2)(a)(ii) _____ of
the Legal Practice Act. 2014

Senior Counsel: Yes: _____ No: _____

Date of Admission: _____ Date of Enrolment: _____ Period in Practice: _____

Signature: _____ Date: _____

3. DETAILS OF NOMINATOR 2:

Name/s: _____

Surname: _____

ID or Passport No: _____

Address of principal place of practice:

Street: _____

Town/City: _____

Province: _____

Do you render legal services in terms of section 34(2)(a)(i)_____ or section 34(2)(a)(ii)_____ of the Legal Practice Act, 2014

Senior Counsel: Yes: _____ No: _____

Date of Admission: _____ Date of Enrolment: _____ Period in Practice: _____

Signature: _____ Date: _____

Please return **original signed completed nomination forms** to the National Forum c/o EISA, 14 Park Road, Richmond, 2092 by midnight 14 September 2018. It is preferred that forms are delivered by hand, or courier or via Postnet. Please feel free to contact the EISA Chief Electoral Officer, Ms Crystal Africa on the toll free number 0800 114 373 or email lpcelections@eisa.org.za .
