

Independent and within reach.

AGENCY AGREEMENT APPLICATION

1.	PARTICULARS OF APPLICANT
	Name: SURNAME:
	ID Number: Gender: Male _ Female _
2.	PARTICULARS OF APPLICANT 'S FIRM
	Name of Firm:
	Type of Legal Entity: Partnership Sole Practitioner Incorporated Company
	Main Practice Physical Address:
	Practice address for purposes of servicing the agency court applied for:
	Telephone Number:
	Cell: E-mail:
	What is the distance from this address to the agency court applied for?:
3.	PRACTICE DETAILS:
	Professional Body: Registration No.:
	Languages – other than English:
	Court applied for: 1 2
	3 4
4.	SUPPORTING DOCUMENTATION
	☐ Proof of CSD registration ☐ Certificate of Good Standing ☐ Copy of ID ☐ Certificate of admission
	☐ Firm profile ☐Tax compliance/PIN
5.	CRIMINAL WORK EXPERIENCE OF THE PRACTITIONER WHO WILL SERVICE THE AGENCY COURT

1. District Court: \square < 1 year \square 1 - 2 years \square 2 - 3 years \square 3- 4 years \square 4 - 5 years >5 years



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	2. Regional court:
6.	What percentage of the work in the practitioner's practice is comprised of criminal litigation work?
7.	What is the practitioner's experience of dealing with matters for indigent clients
	$\boxed{}$ < 1 year $\boxed{}$ 1 - 2 years $\boxed{}$ 2 - 3 years $\boxed{}$ 3 - 4 years $\boxed{}$ 4 - 5 years $\boxed{}$ > 5 years
8.	BLACK ECONOMIC EMPOWERMENT CREDENTIALS (BEE)
	Ownership Details - Number of practitioners who are partners or directors in the firm:
	□ No. Black □ No. Indian □ No. Coloured □ No. White
	Total Practitioners – Total number of qualified practitioners in the firm:
9.	ELECTRONIC FUNDS TRANSFER DETAILS
	Bank:
	Branch Name: Branch Code:
	Account Number:
	Account Type:
10	. SIGNATURE AND DATE
	Signed at: on this day of 20
	Name of authorized person:
	Signature: