

## 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: ☐ < 1 year ☐ 1 – 2 years ☐ 2 – 3 years ☐ 3– 4 years ☐ 4 – 5 years ☐ >5 years

2. **Regional court:** ☐ < 5 years ☐ 5 – 6 years ☐ 6 – 7 years ☐ 7–8 years ☐ 8 – 10 years  
☐ > 10 years

6. **What percentage of the work in the practitioner's practice is comprised of criminal litigation work?**

☐ < 10% ☐ 10 – 30% ☐ 30-50% ☐ 50 – 70% ☐ 70-90% ☐ >90%

7. **What is the practitioner's experience of dealing with matters for indigent clients**

☐ < 1 year ☐ 1 – 2 years ☐ 2 – 3 years ☐ 3 – 4 years ☐ 4 – 5 years ☐ > 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:** ☐ Cheque ☐ Savings ☐ Transmission

## 10. SIGNATURE AND DATE

**Signed at:** \_\_\_\_\_ on this ☐☐ day of \_\_\_\_\_ 20 ☐☐

**Name of authorized person:** \_\_\_\_\_

**Signature:** \_\_\_\_\_