

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: _____