



Legal Practice Council Acceptance Form for Provincial Elections 2019

Please refer to the notes overleaf before completing this form

Acceptor's Details

First Name of Acceptor																				
Surname of Acceptor																				
Initials																				
SA ID Number																				
	NB – It is mandatory to fill in your SA ID Number																			
Mobile Phone Number																				
Office Phone Number (Include Dialling Code)																				
Email Address																				
Nominee's Designation Please tick Applicable Box																				
	Advocate									Attorney										

Please select your Primary Province of Practice by clicking in the one of the boxes below. If you are completing this form by hand, insert a **X** in the applicable box below

Eastern Cape	Free State	Gauteng	KZN	Limpopo	Mpumalanga	North West	Northern Cape	Western Cape												
Acceptor's Signature & Date													-			-	2	0	1	9
											D	D	-	M	M	-	Y	Y	Y	Y

Information and supporting details required for nominations

Any nomination of an attorney or advocate must be made in a document which provides the following information in respect of each nominee named therein, in not more than 600 words:

- His or her name and identity number;
- in the case of an attorney, the name of the firm of which he or she is a proprietor or a member or by which he or she is employed, stating also whether he or she is a director, a partner or a professional assistant of that firm;
- in the case of an advocate, whether he or she renders legal services in terms of section 34(2)(a)(i) or section 34(2)(a)(ii) of the Act, and in either case whether or not he or she has the status of Senior Counsel;
- his or her race, gender, date of admission and enrolment and period in practice;
- if he or she has a disability and wishes to disclose that fact, a statement to that effect and the nature of the disability;
- the address of his or her principal place of practice; and (g) his or her knowledge and experience in the matters set out in section 7(2)(e) of the Act.

Please email your signed form and biography to: lpcprovincialelections@isiqhingi.co.za
The acceptance of your nomination must be received no later than 16h00 on 15/02/2019

Notes

1. Any alteration to this acceptance form must be initialled by the signatory.
2. For this form to be accepted, you must sign the form. Forms that are not signed will be declared invalid and disregarded.
3. Nominees are required to accept their nomination once they have received a second nomination.
4. All Acceptances are subject to vetting by the LPC
5. Please email your signed Acceptance Form and Biography Form to lpcprovincialelections@isiqhingi.co.za
6. The acceptance of your nomination must be received no later than **16h00** on **15/02/2019**
7. Any queries / questions concerning the elections process should be sent to lpcprovincialelections@isiqhingi.co.za . Kindly provide your email address and mobile number so that we may contact you telephonically should we not be able to answer your query via email. Support will be provided during office hours only.



Legal Practice Council Biography Form for Provincial Elections 2019													
Name of Acceptor													
First Name of Acceptor													
Surname of Acceptor													
Initials													
SA ID Number													
	NB – It is mandatory to fill in your SA ID Number												
Biography Details													
600 words excluding spaces													
You may either type in this block or attach a separate Biography to your acceptance form.													
Declaration by Acceptor	1. I confirm that the information furnished above is correct												
	2. I confirm that I am not disqualified in terms of Section 8 of the Legal Practice Act 2014 (Act 28 of 2014, as amended) from membership of the Council)												
Acceptor's Signature & Date													
			-				-	2	0	1	9		
	D	D	-	M	M	-	Y	Y	Y	Y			