



APPLICATION FOR MEMBERSHIP

Please email to: membership@pabasa.co.za

PLEASE NOTE REQUIREMENTS FOR PABASA MEMBERSHIP IS AS FOLLOWS:

1. The Applicant must be registered as a Legal Practitioner with the Legal Practice Council.
2. The Applicant must have completed pupillage with either PABASA or a recognised Bar.
3. The Applicant must have passed the National Bar Exam administered by the Legal Practice Council (post 2020) and where applicable the PABASA Bar Exam or the Bar exam of a recognised Bar.

CONTACT DETAILS:

Full Name:

Contact Number (Cell):

Email Address:

Postal Address:

RACE:

GENDER:

QUALIFICATIONS:

(Degree, Institution & Year in which qualification was received)

YEAR OF ADMISSION AS AN ADVOCATE:

Please provide certificate of admission

BAR INFORMATION:

Year of Pupillage:

Mentor:

Bar at which you did pupillage:

Did you pass the National Bar Examination administered by the LPC, the PABASA or GCB Bar Exam.

If so, indicate which Exam/s and year in which Bar Examination was passed:

Please attach letter of Good Standing from your current or most recent Bar (less than 3 months old)

Date in which you started practicing:

Membership of other Bars:

(if yes, please indicate which Bar)

LPC:

LPC Registration Number:

If not registered with the LPC, kindly indicate why:

Do you hold a Fidelity Fund Certificate:

Yes

No

CURRENT GROUP MEMBERSHIP:

Please provide Group Address:

SENIORITY:

Senior

Junior

If SILK, year in which Silk was conferred:

Number of Years in Practice:

AREAS OF PRACTICE:

DISCIPLINARY CASES:

Please list any past or present disciplinary matters including any applications to strike off brought against you at current society of advocates or in any employment context, including the nature of charges and the outcome

FEES OUTSTANDING IN PREVIOUS BAR:

Yes

No

If yes please provide details:

PERMISSION IN ACCORDANCE WITH

Protection of Personal Information Act No.4 of 2013:

May we add your number to our whatsapp group:

Yes

No

May we add your contact details to our website:

Yes

No

May we share your details with third-party stake holders: (LPC, The Judiciary, Solicitor General, Office of the State Attorney, etc.)

Yes

No

DECLARATION:

I confirm that the contents of this application are, to the best of my knowledge and belief, true and correct. I also understand that if I am accepted as a member of PABASA, such acceptance will only take effect once I have paid the relevant initial membership fee.

Signature:

Date:

Provision of inaccurate information in relation to material questions on this form may result in a refusal or a revocation of membership.

CHECKLIST FOR COMPULSORY SUPPORTING DOCUMENTS:

Completed Membership Form

Advocate Admission Certificate

Letter of Good Standing Previous Bar

Letter of Good Standing from LPC

FOR ADMINISTRATION PURPOSES ONLY:

Membership Approved: Yes No

All supporting documents provided: Yes No