



Legally Law Society of Advocates NPC (LLSA)

PUPILLAGE APPLICATION FORM

1. Personal Details

Full Names:			
Surname:			
ID Number:			
Home Address:			
		Postal Code:	
Postal Address:			
		Postal Code:	
Phone Number:			
Fax Number:			
Cell phone Number:			
Email Address:			

2. Next of Kin

Name:	
Relationship:	
Contact Number:	
Email Address:	

3. Demographics

Nationality:	
Race:	
Gender:	

4. Academic Qualifications

Legally Law Society of Advocates NPC (LLSA) (Reg no: 2020/856423/08)

Unit 1E, First Floor, Selborne Centre, 144 Cantonments Avenue,, Centurion, 0157

www.llsa.net.za | Cell: 081 436 3717 or 078 1700 900

Directors: Adv LG Marx (LLB, Dip – Industrial Relations, Cert – Mediation, MCD, MCDBA, MCAD). AG Marx (BBA) Aletha Marx (Dip HR, LLB)

Qualification	School / Institution	Completion Date

5. Awards and Achievements:

Award / Achievement	Obtained from	Date

6. Practical Experience:

Institution / Organisation	Designation	Date from	Date to	Full time / Part Time

7. Advocate's Admission:

Date of Admission:					
Court Division where Admitted:					
Admission case number:					
Practicing / Non-Practicing:					
Are you currently on the roll of advocates?	Yes		No		
Legal Practice Council Membership Number					
Type of advocate practice (<i>Please tick the applicable box/es</i>)	Trust Account		Referral		

8. Previous Memberships:

Have you previously been a member of a Bar or Society?	Yes		No	
If yes, please provide the name(s) of the Bar or Society as well as membership duration:				

9. References:

Name:	
Relationship:	
Contact Number:	
Email Address:	

Name:	
Relationship:	
Contact Number:	
Email Address:	

Name:	
Relationship:	
Contact Number:	
Email Address:	

10. Full disclosure:

Have you ever been investigated or charged with dishonesty, fraud, misconduct, or any other form of disciplinary action? If yes, please provide details:

<p>Have you ever been investigated or charged with any criminal offense for which you were found guilty, pleaded guilty, paid an admission of guilt or any other form of disciplinary action? If yes, please provide details:</p>

<p>Do you suffer from any physical, mental, or other health condition that may have a negative impact on your ability to practice as an advocate? If yes, please provide details:</p>

<p>Please disclose any alternative circumstances, incidents or otherwise that you have not already disclosed that LLSA should be advised of:</p>

IMPORTANT: THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED:

- PLEASE PROVIDE CERTIFIED COPIES

- (a) Proof of Payment of the R500.00 non-refundable Administrative Application Fee

Bank details: Acc Name: **LLSA**
 Bank: **ABSA**
 Acc Number: **4098652679**
 Branch Code: **632005**
 Ref: **Your Initials & Surname**

- (a) South African Identity Document **##** (*Only South African citizens qualify for the pupillage program*)
- (b) Degree certificates of all degrees and/or accreditations obtained; **##**
- (c) Academic record of the degrees obtained - specifically the LLB degree; **##**
- (d) Certificates confirming any professional accreditations; **##**
- (e) Full employment history with employment references and/or recommendation from each employer; **##**
- (f) A proper rendition of previous legal experience, if any.
- (g) A motivation of no more than 500 words in which the applicant provides reasons for entering the advocate profession as well as an understanding of the advocate profession. The motivation must address legal ethics from the applicant's perspective and not be generic in nature.

- (h) All documents must be contained in properly indexed and paginated bundles and emailed to pupillage@llsa.net.za.
- (i) Professional presentation and compliance with the instructions is a pre-requisite.

APPLICANT DECLARATION

I hereby declare that the contents of this application are true and correct to the best of my knowledge and belief. I also accept the terms and conditions set out in the Constitution of the Legally Law Society of Advocates.

I confirm that I have read the Legally Law Society of Advocates NPC's constitution and will bind myself to its contents.

I authorise Legally Law Society of Advocates NPC to share my information for training purposes with the society's training partners, where applicable.

I undertake to fully comply with all the requirements of the Society, the Legal Practice Act, Rules and Regulations, and the concurrent requirements laid down by the Legal Practice Council of South Africa.

I fully understand that it is required that the pupillage be completed on a full-time basis for one continuous year under a mentor and that I may not seek or be employed in any capacity contrary to this during my pupillage.

Signature: _____

Date: _____

OFFICE USE

Pupillage Application Approved?	Yes		No	
LLSA Membership Number				
Date Approved / Declined				