



REPUBLIC OF SOUTH AFRICA

SMALL CLAIMS COURT

**INFORMATION FOR THE APPOINTMENT OF COMMISSIONERS IN TERMS OF
SECTIONS OF THE SMALL CLAIMS COURT ACT, 1984 (ACT 61 OF 1984)**

FULL FIRST NAMES:

SURNAME:

(IN TYPING OR CAPS)

FIRM/BUSINESS ADDRESS:

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POSTAL ADDRESS:

PHONE NUMBER:

RESIDENTIAL ADDRESS AND PHONE NUMBER:

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IDENTITY NUMBER:

CORRESPONDENCE (LANGUAGE MEDIUM):

RACE:

GENDER:

ENGLISH						AFRIKAANS							
AFRICAN			WHITE			INDIAN			COLOURED				
MALE						FEMALE							

DATE ADMITTED AS ATTORNEY/ADVOCATE:

PRACTICE AS ATTORNEY/ADVOCATE SINCE:

OTHER SIMILAR EXPERIENCE:

CAPACITY	PERIOD	REMARKS

QUALIFICATIONS:

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An officer in the employ of the State:

YES	NO
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I certify that the information is correct and that I am willing to act as commissioner.

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SIGNATURE

.....
DATE