



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:

POSTAL ADDRESS:

PHONE NUMBER:

RESIDENTIAL ADDRESS AND PHONE NUMBER:

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