

THE CAPE LAW SOCIETY

THE STATUTORY BODY WITH JURISDICTION TO ADMINISTER THE ATTORNEYS' ACT IN THE NORTHERN, WESTERN & EASTERN CAPE PROVINCES

A: YOUR PARTICULARS AND CONTACT INFORMATION:

1. Title:
2. Surname:

2. First Names:
3. Name of Firm at which you practise:
4. Firm Physical Address:
5. Daytime contact number:
6. Cell Number:
7. Fax Number:
8. Email:

B: YOUR MEDIATION EXPERIENCE & QUALIFICATIONS:

9. Please indicate if you have additional qualifications in Mediation -



10. Provide a brief description of your Mediation experience -

11. Do you have experience as acting Presiding Officer/Mediator -

12. If yes to (10) above provide -

a. *details of such position/s:*

b. *the period/s involved:*

c. *the jurisdiction concerned:*

Please direct any enquiries to:

The Cape Law Society

Tel: (021) 443 6700

Fax: (021) 443 6751

Email: thergesari@capelawsoc.law.za