Cred-Assist (Pty) Ltd
restoring credibility

ATTORNEY REGISTRATION FORM

FAX TO: 086 692 7484
Email:
applications@credassist.com

DETAILS OF FIRM

Name of Firm:

Registration Number:

Physical Address:

Street Name & Number: Suburb:

Code/Extension: City:

Postal Address:

Line 1:

Line 2:

Line 3: Code:

Contact Details:

Cell phone Number: Fax Number:

Work Number: Email:

TRUST ACCOUNT BANKING DETAILS

Name of Account: Name of Bank:

Account Number: Branch Name:

Branch Code: Account Type: Savings Cheque Transmission

PROFESSIONAL STAFF – STATISTICAL INFORMATION

Number of Directors / Partners:

Number of Professional Assistants:

Number of Candidate Attorneys:

COMMUNICATIONS

What is your preferred method of communication relating to payment confirmation?

Post	Y	N
SMS	Y	N
Email	Y	N
Telephone	Y	N
Cellular Phone	Y	N

FOR OFFICE USE

Date Received: D D M M Y Y Y Y

Registration Code: