

Mobile-Email Details Collection Form for Advocates

(Please use Capital letters only)

Court Complex:			
District:			
Advocate Name			
	First Name	Middle Name	Surname
Sex	Male/Female		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration Number	HIM		
Residential Address			
Office Address			
Email			
Mobile No.		Phone Office	
Phone Residence		Fax No. (if available)	

Date:

Signature of Advocate