



## CONVEYANCING EXAM PREPARATIO Cape Town 1/2009

This workshop is primarily aimed at preparing the candidate for the Conveyancing Exam of 06 May 2009. If you are interested please let us have your completed response form back by post, fax or e-mail to reach us by 12 noon on Fri 17 April.

DATES & TIMES - 08H00 - 16H00 28 & 29 April 2009

PRESENTER/S: - Mr Gerhard Brits, Conveyancer & Notary at Brits Drever Inc.

Venue

Venue to be announced to registered candidates.

PROGRAME DAY 1 - HOW TO APPROACH STUDYING FOR THE EXAM exam tips ordinary transfers deeds of transfer power of attorney servitudes description of persons and property

**REGISTRATION FEE R400 p/p** 

DAY 2 - SECTIONAL TITLES sectional titles schemes bonds, bond related questions general questions DAY 3 - certificate of title consolidations transfer duty and VAT general questions

PRE-REQUIREMENTS: CANDIDATES MUST BE IN POSSESSION OF THE FOLLOWING:

- Deeds Registries Act and regulations (Essential)
- Alienation of Land Act (Essential) -
- Relevant sections of other Acts as set out in the 2009 Syllabus (preferably)
- Jones (even outdated) Essential.
- Chief Registrars Circulars and Conference resolutions (Butterworth's loose-leaf binder) recommended
- Allen West's Practitioners guide (recommended) Conveyancing Practice Guide 3<sup>RD</sup> Edition J.O. Christie (Recommended)
- Transfer Duty Act (Essential)
- Sectional Titles Act and regulations (Essential)
- Question papers (this will be supplied to registered candidates)

We stress that without these you will lack tools required for effective preparation and you will not derive the full value of this seminar

Registration: CONVEY EXAM PREPARATION DURBAN 1/2009	payment to: PO Box 27169, Sunnyside, 0132 /Docex 227, Pretoria; Fax: (012) 341-1339 or e-mail to: <u>dudu@lssalead.org.za</u> or <u>amanda@lssalead.org.za</u> .			Amanda Kibido or Dudu Khukhama Tel: (012) 441-4600
Please complete a separate registration form for each delegate				
Surname		First name:	Tit	le:
ID number:		Gender:	Race (Option	al):
Firm:		DX address:		
Postal address:				
Tel: ( )	Fax: ( )	Cell:	e-mail:	
Payment by credit card				
Card type: MasterCard	Visa 🛛 🛛 Diners Club 🗖			
Expiry date:		Card holder's name:		
Card Number:				
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Signature:	Date:		Amount: R	
Payment by cheque (Cheques must be made payable to Law Society of SA) Amount of accompanying cheque: R				