



NVEYANCING EXAM PREPARATION Pretoria 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 - 17H00 - 21H00 28, 29 & 30 April 2009

PRESENTER/S:

- Mr Jodie van Broekhuizen, Conveyancer & Notary at MacRoberts Inc. Deeds Controller Pta Deeds Office 1996 – 2005. ad hoc lecturer at TUT

Venue

Venue to be announced to registered candidates.

REGISTRATION FEE R320 p/p

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

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- Jones (even outdated) Essential.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 3RD 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	Post or fax the completed re payment to: PO Box 27169, 341-1339 or e-mail to: dudu	Sunnyside, 0132 /Docex 2	27, Pretoria; Fax: (012)	Amanda Kibido or Dudu Khukhama Tel: (012) 441-4600
DURBAN 1/2009	341-1339 or e-mail to: <u>dudu@lssalead.org.za</u> or <u>amanda@lssalead.org.za</u> . Tel: (012) 441-4600 Please complete a separate registration form for each delegate			
Surname	First name:		Ti	itle:
ID number:		Gender:	Race (Optional):	
Firm:		DX address:		
Postal address:				
Tel: ()	Fax: ()	Cell:	e-mail:	
Payment by credit card Card type: MasterCard Expiry date:	Visa Diners Club	Card holder's name	:	
Card Number:				
Signature:	Date:		Amount: R	
Payment by cheque (Cheques Amount of accor	must be made payable to Law npanying cheque: R	Society of SA)		