

Section B: Contact Details

1. General Information

Branch name: _____
Tel No: _____ Fax No.: _____
E-mail: _____ Cell No.: _____
Business Street Address _____

Postal Address: _____ Code: _____

Code: _____

2. Delivery Method

DOCEX No. _____
Post Suite No _____
Legal Express _____
Other: _____

3. Contact Persons

3.1 Contact Person Surname: _____
Contact Person Full Name/s: _____
Telephone Number: _____ Email: _____
3.2 Contact Person Surname: _____
Contact Person Full Name/s: _____
Telephone Number: _____ Email: _____
3.3 Contact Person Surname: _____
Contact Person Full Name/s: _____
Telephone Number: _____ Email: _____

Section C: Payment Details

Please note that all refunds due to the seller, after a clearance certificate, was issued will be refunded to the attorney.

Banking Details:

Bank Name (Attach copy of bank statement or cancelled cheque)

Account No.

Accountholder's Name: _____
Account Type (Indicate with "X")
Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Current <input type="checkbox"/> Trust <input type="checkbox"/> Specify _____
Branch where account is held: _____
Branch code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preferred Method of Payment (Indicate with "X")
Collect Cheque <input type="checkbox"/> Post Cheque <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/>

Signed at _____ on the _____ day of _____ year _____

Signature of Conveyancing Attorney No. 1

Signature of Conveyancing Attorney No. 2

COJ Attorney Code

Attorney Business Partner Nr.

Attorney Contact Account Nr.

Administrator User ID

Administrator Signature