City of Johannesburg Metropolitan Municipality
GROUP FINANCE
REVENUE SHARED SERVICE CENTRE

Thuso House
61 Jorissen Street
Braamfontein

PO Box 5000
Johannesburg
South Africa
2000

Tel 0860 **JOBURG** (5628745)

www.joburg.org.za

a world class African city

Attorney Registration Form

Section A: Attorney Details

1. Mark appropriate category with "X":

Sole Owner ☐ Organization ☐ Specify Other: _____

1.1 Sole Owner

Conveyance Attorney Surname: _____ Title: _____

Conveyance Attorney Full Name/s: _____

RSA ID No. ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

If non-RSA Citizen

Passport No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.2 For Completion by Organisation

Company or Firm Name: _____

Registration No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

1.3 Practice Number: ☐☐☐☐☐

Section B: Contact Details

1. General Information

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

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

3.3Contact 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 | | | | | | | | | | |

Account Holder's Name

Account Type: *(Indicate with "x")*

Savings ☐ Transmission ☐ Current ☐ Trust ☐ Specify _____

Branch where account is held: _____

Branch Code: _____

Preferred Method of Payment: *(Indicate with"X")*

Collect Cheque ☐ Post Cheque ☐ Electronic Funds Transfer ☐

Signed at _____ on the _____ day of _____ year _____

Signature of Conveyancing Attorney No.1 _____

Signature of Conveyancing Attorney No.2 _____

Office Use:

CoJ Attorney Code: _____

Attorney business Partner Nr: _____

Attorney Contract Account Nr: _____

Administrator User ID: _____

Administrator Signature: _____