FORM 4

APPLICATION FOR DATE OF HEARING OF AN OPPOSED MOTION

Pigeonhole: _____ **Docex**_____

CASE NUMBER:_____

APPLICANT: _____
CONSUMER: _____
RESPONDENTS: _____
(if more than one mention just the first one)

OPTIONS			
NATURE OF APPLICATION		**DOCUMENTS FILED**	
(Kindly insert an **X** next to the applicable option under each column)			
RESCISSION APPLICATION		NOTICE TO OPPOSE	
APPLICATION FOR EXTENSION OF TIME		ANSWERING AFFIDAVIT	
MANDAMENT VAN SPOLIE		REPLYING AFFIDAVIT	
INTERDICT		OTHER AFFIDAVITS	
SECTION 66 LEAVE TO EXECUTE AGAINST IMMOVABLE PROPERTY			
ATTACHMENT OF PROPERTY FOR ARREAR RENTSECTION 32			

(signature required)_____

_____

_____

_____

_____

_____

(attorneys/applicant name, physical address, postal address, docex and reference)

TO: CLERK OF THE COURT **JOHANNESBURG**

TRIAL DATE ALLOCATED:_____

_____

Clerk of Court and date

Kindly note: Notified clerk of court if date is not going to be used.