Accelerated Fellowship Course for Advocates and Attorneys

2024 APPLICATION FORM

(NOTE: Please complete 1 form per student.)

NOTE: When completing this application form, please have reference to the course brochure for further details.						
WHERE DID YOU	HEAR ABOUT THE ASSO	OCIATION OF ARBITRATORS (SOUTHERN AFRICA) N	NPC'S ("the Association	") COURSES?	
BANKING DETAIL	.S:					
		Account holder		f Arbitrators (Southern	Africa) NPC	
		Bank: Current account number:				
		Branch				
		Branch code	: 254 605			
Closing Date f Submission		Course		Cost Incl.	VAT Register ✓	
29 February 20	O24 Accelerat	ed Fellowship Course for Adv	ocates and Attorneys	s R40 00	0	
STUDENT'S DETA	NLS:1					
	NOTE: Pleas	e state your full names as cor	ntained in your Ident	ity/Passport Document	t.	
Title:			Surname:			
First Name:			Other Names:			
riist Naille.			Other Names.			
Gender:			Nationality:			
Date of Birth:			ID/Passport No.:			
Cell:			Email:			
Tel. (Day):			Tel. (Evening):			
Home Postal			Home Physical			
Address:			Address:			
Dunings		Code:	Duavinas		Cada	
Province:		Code:	Province:		Code:	
C			0			
Country:			Country:			
First Language:			Other Languages:			

The Association will not share your personal information without your consent. However, in processing your personal information, the Association may share it with third party processors such as payment processors, email management and distribution tools, and/or data storage providers.

STUDENT'S DETAILS: Cont.		
Are you currently a practising advocate?	Yes:	No:
If yes, to which Bar/Society of Advocates do belong?		
Are you currently a practising attorney?	Yes:	No:
If yes, at which firm do you practise?		
Since when have you been practising as an advocate or attorney?		
What skills, experience and competencies do you have in the law and practice of arbitrations in South Africa?		
What skills experience and competencies do you have in the		
What skills, experience and competencies do you have in the law and practice of arbitrations internationally?		

STUDENT'S DETAILS: Cont.		
Have you ever been appointed as an arbitrator?	Yes:	No:
If yes, provide details without disclosing any confidential		
information.		
Have you ever acted as a party representative in arbitration?	Yes:	No:
Have you ever acted as a party representative in arbitration?		No:
Have you ever acted as a party representative in arbitration? If yes, provide details without disclosing any confidential information.		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:
If yes, provide details without disclosing any confidential		No:

INVOICE DETAILS	:					
To receive a tax	invoice, these d	•	NOTE: d in full. Mark "Company" and/ name and you are not a register	or "VAT No." as "N/A" if the invoice is to be made ed VAT vendor.		
Company:						
VAT No.:			Attention:			
Tel. No.:			Email:			
1010						
Postal Address:			Physical Address:			
Province:		Code:	Province:	Code:		
Country:			Country:			
MEMBERSHIP DE	TAILS:					
Vou much fine		when of the Association	NOTE:	courses. For Momborship Application Forms		
Tou must mis				courses. For Membership Application Forms, ovisit the Association's website.		
Association Member:	Yes:	No.:	Membership No.:		_	
CONFIRMATION:						
				rs (Southern Africa) NPC as stated hereunder and owship Course for Advocates and Attorneys.	d	
Signature ² :				Date:		
TERMS AND CON	DITIONS:				÷	
Cancellation	The course fee is	non-refundable.				
Policy	Daymant of the a	aurea faa must ba raasiuad b	outh a Association prior to common on	mont of source. The Association recognise the right to refuse		
Payment Terms			udent whose course fee has not beer	ment of course. The Association reserves the right to refus n paid.	æ	
Postponement of				dents. Should the Association believe that the number of	of	
Training Courses	 students for any course is insufficient for this or any other purpose, the Association reserves the right to: postpone a course to a later stage; and 					
			om a student, should a student not w	· ·		
Course Material	Course material will be made available on the Association's e-learning portal on the day after the registration closing date.					
Non-variation / Relaxation	No variation of these terms and conditions shall be of any force or effect unless reduced to writing and signed by the student and a duly authorised representative of the Association. No failure of the Association to insist upon strict compliance with any of these terms or conditions shall not constitute a waiver of or otherwise limit any of the Association's rights or remedies.					
Copyright			in all course material are reserved.			
Disclaimer	The Association's courses and the notes and material handed out thereat are intended for educational purposes only and do not constitute legal or any professional advice.					
	Students agree that the Association shall not be responsible for any injury to or death of any person or the loss or destruction of or damage to any property at or on the Association's premises, arising from whatsoever cause, and by whomsoever caused including without limitation any person in the employment or under delegation or instruction of the Association.					
			NOTE:			
		ultication forms to the fire		Manager at coursecoordinator@arbitrators.co.za.		

If you have not already set up your digital signature, click here to do so now. Once you have set up your digital signature, you can thereafter sign all future electronic documents