

### Mobile-Email Details Collection Form for Advocates

(Please use Capital Letters only)

|                                 |               |                         |             |
|---------------------------------|---------------|-------------------------|-------------|
| Court Complex:                  |               |                         |             |
| District:                       |               |                         |             |
| Advocate Name                   |               |                         |             |
|                                 | SURNAME       | FIRST NAME              | MIDDLE NAME |
| Sex                             | Male / Female |                         |             |
| Date of Birth                   |               |                         |             |
|                                 | DD            | MM                      | YYYY        |
| Bar Council Registration Number |               |                         |             |
| Residential Address             |               |                         |             |
| Office Address                  |               |                         |             |
| District                        |               | PIN                     |             |
| Email                           |               |                         |             |
| Mobile No.                      |               | Phone Office            |             |
| Phone Residence                 |               | Fax No. (If, available) |             |

Date:

Signature of Advocate