FORM 2

(Paragraph 3)

No.

FORM OF AFFIDAVIT BY APPLICANT

And	an attorney-at-law
In the matter of the Legal Profession Act, 1	986
I,	make oath and say as follows:
1. That I reside at	
in the County of	
and I am a (occupation)	
and my postal address is	
	an attorney-at-law

3. That the complaint I make against the attorney-at-law is that he/she: (Set out briefly the ground of the complaint)		
Sworn	at)
	day of)
20)
If the bracke	person making the Affidavit can read and write, ets.	strike out the words below in
	same having first read over and explained to the de o understand same)	eponent when he /she appeared
·	Before me:	
	Justice of the Peace / Notary Public/Commis	