

FORM 2

(Paragraph 3)

No.

FORM OF AFFIDAVIT BY APPLICANT

In the matter of an attorney-at-law

And

In the matter of the Legal Profession Act, 1986

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

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2. That an attorney-at-law

(Set out the facts complained of)

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