



Passport Sized
Photo

COUNCIL FOR LEGAL EDUCATION

APPLICATION FORM: DESIGNATION OF LLB QUALIFICATION(S)

PLEASE THE FORM CAREFULLY AND ANSWER ALL QUESTIONS

(THIS FORM SHOULD BE COMPLETED IN BLOCK LETTERS AND ALL QUESTIONS ARE TO BE ANSWERED IN FULL)

INCORRECT OR INCOMPLETE ANSWERS MAY LEAD TO DISQUALIFICATION.

YOU SHOULD ATTACH COPIES OF YOUR ACADEMIC CERTIFICATES AND TRANSCRIPTS OF RESULTS, A PASSPORT SIZE PHOTO, AND COPY OF THE BIRTH CERTIFICATE AND COPY OF IDENTITY DOCUMENT OR VALID PASSPORT BIO PAGE. THIS APPLICATION SHOULD ALSO BE ACCOMPANIED BY A NON REFUNDABLE FEE OF FIFTY DOLLARS (60US) OR AS SET FROM TIME TO TIME.

NOTE: ALL APPLICANTS MUST ATTACH A CERTIFIED COPY OF A CERTIFICATE FROM ZIMCHE CONFIRMING THAT THEIR FOREIGN LAW DEGREE IS FROM A RECOGNISED UNIVERSITY EXCEPT FOR THOSE WHO OBTAINED DEGREES FROM UNIVERSITIES IN SOUTH AFRICA, NAMIBIA AND BOTSWANA.

PERSONAL INFORMATION

1. SURNAME: DR/MR/MRS/MISS /MS:

2. FORENAMES:

3 (a). NATIONALITY:

(b) IF NOT ZIMBABWEAN SPECIFY LEGAL BASIS FOR APPLICATION:

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4. DATE OF BIRTH:

5. PERMANENT RESIDENTIAL ADDRESS:

.....

6.CELL NUMBERS:

7.EMAIL ADDRESS:.....

8(a). NEXT OF KIN.....

RELATIONSHIP.....

CONTACT DETAILS INCLUDING CELLPHONE NUMBER:

ADDRESS.....

(b). NEXT OF KIN:

RELATIONSHIP:

CONTACT DETAILS INCLUDING CELLPHONE NUMBER:

ADDRESS:

EDUCATIONAL QUALIFICATIONS

9(a). EDUCATIONAL QUALIFICATIONS: (ATTACH CERTIFIED COPIES)

DEGREE

YEAR

UNIVERSITY

a).....

b).....

(b). FROM ATTACHED LIST, (ANNEXURE A) TICK COURSES THAT YOU HAVE UNDERTAKEN

10. LIST OF EXEMPTIONS BEING SOUGHT (IF ANY) (CLE RESERVES THE RIGHT TO GRANT EXEMPTIONS):

a).....

b).....

c).....

11. ANY OTHER GROUNDS / REASONS FOR SEEKING EXEMPTION :

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EMAILING APPLICATION

IN ADDITION TO THE PAPER APPLICATION, ALL APPLICANTS ARE REQUIRED TO EMAIL A COPY IN PDF TO applications@cle.org.zw. FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION

12. DECLARATION:

IDECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF ACCURATE AND REFLECTS MY TRUE RECORDS. (AN APPLICANT WHO MAKE FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY RISK HIS OR HER APPLICATION BEING REFUSED BY THE COUNCIL)

DATE: SIGNATURE:

OFFICIAL USE

DATE OF RECEIPT:

NAME OF APPLICANT:

APPLICATION PLACED BEFORE COUNCIL ON:

APPLICATION ACCEPTED/REJECTED:

REMARKS:

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