



Passport Sized  
Photo

## COUNCIL FOR LEGAL EDUCATION

### REGISTERED LEGAL PRACTITIONERS SEEKING TO WRITE NOTARIAL PRACTICE AND CONVEYANCING PROFESSIONAL EXAMINATIONS

APPLICATION TO SIT FOR PROFESSIONAL EXAMINATIONS FOR REGISTRATION AS NOTARY PUBLIC  
OR CONVEYANCER IN TERMS OF THE LEGAL PRACTITIONERS ACT [CHAPTER 27:07] AS READ WITH  
SI 447 OF 1992

PLEASE READ THE FORM CAREFULLY AND COMPLETE ALL SECTIONS

NB: 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 **CERTIFIED COPIES OF THE FOLLOWING:**

- a) ACADEMIC CERTIFICATES
- b) DEGREE TRANSCRIPTS
- c) REGISTRATION CERTIFICATE AS A LEGAL PRACTITIONER
- d) VALID PRACTICING CERTIFICATE (If any)
- e) BIRTH CERTIFICATE
- f) NATIONAL IDENTITY DOCUMENT
- g) PROOF OF PAYMENT OF NON REFUNDABLE APPLICATION FEE AS SET BY COUNCIL FROM  
TIME TO TIME.

#### **PERSONAL INFORMATION**

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

2. FORENAMES: .....

3 (a). NATIONALITY: .....

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

.....

4. DATE OF BIRTH: .....

5. PERMANENT RESIDENTIAL ADDRESS: .....  
.....

6. CELL NUMBERS: .....

7. EMAIL ADDRESS:.....

8. NEXT OF KIN FULL NAME & RELATION.....

CELL NUMBER OF NEXT OF KIN: .....

ADDRESS OF NEXT OF KIN:.....

**9. APPLICATION TO WRITE PROFESSIONAL EXAMINATIONS**

Please indicate the professional examinations being applied for (tick the appropriate box)

CONVEYANCING

NOTARIAL PRACTICE

**10. EMAILING APPLICATION**

IN ADDITION TO THE PAPER APPLICATION, **ALL** APPLICANTS ARE REQUIRED TO **EMAIL A COPY IN PDF** to: [applications1@cle.org.zw](mailto:applications1@cle.org.zw). **FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION.**

**11. DECLARATION:**

I .....DECLARE 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: .....

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**OFFICIAL USE**

DATE OF RECEIPT: .....

NAME OF APPLICANT: .....

APPLICATION PLACED BEFORE COUNCIL ON: .....

APPLICATION ACCEPTED/REJECTED: .....

REMARKS: .....  
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