

Form 5, Rs.114 &119.

TO RESPONDENT(S):

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the [court], [full bench] or [commission] in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

(Last page)

PARTICULARS OF THE APPELLANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Appellant's address for service:

Appellant's phone number or contact phone number:

Appellant's fax number *(if any)*:

Appellant's e-mail address *(if any)*:

[IF APPELLANT HAS A LAWYER

Appellant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address *(if any)*:]

[IF APPELLANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 12(1)(l))*

Appellant's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address *(if any)*:]

PARTICULARS OF THE RESPONDENT(S) *(if there is more than 1 respondent this information must be given for all respondents)*

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Respondent's address for service:

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address *(if any)*:

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address *(if any)*:]

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address *(if any)*:]