

CORRESPONDENT INSTRUCTION FORM

(e-mail completed Form with Documents to INFO@VIRTUALLAWYERS.CO.ZA)

1. **DETAILS OF INSTRUCTING FIRM:** Firm name _____

Contact person: _____ E-mail address: _____

Telephone number: _____ Conveyancer details: _____

2. **TRANSACTION TYPE:** TRANSFER ___ BOND CANCELLATION ___ BOND ___ OTHER: _____

3. **DETAILS OF PARTIES:** _____

4. **PROPERTY:** _____

5. **DETIALS OF SIMULS:**

5.1. **Transfer Attorneys:** Firm name _____

Contact person: _____

Contact details: _____

5.2. **Bond Cancellation Attorneys:** Firm name _____

Contact person: _____

Contact details: _____

5.3. **Bond Attorneys:** Firm name _____

Contact person: _____

Contact details: _____

6. **DATE OF REGISTRATION:** _____

7. **INSTRUCTION DOCUMENTS:** (documents marked with an asterisk (*) can be send by e-mail)

7.1. Original Power of Attorney	<input type="checkbox"/>	7.2. Original Deeds: T or B no: _____	
7.3. Original Consent Bond Cancellation	<input type="checkbox"/>	7.4. Transfer duty Receipt*	<input type="checkbox"/>
7.5. Municipal rates Clearance Certificate*	<input type="checkbox"/>	7.6. Original Home Owners Association Consent	<input type="checkbox"/>
7.7. Draft Transfer / Bond Deed*	<input type="checkbox"/>	7.8. Section 15B(3) Conveyancer's Certificate*	<input type="checkbox"/>
7.9. Section 42(1) Conveyancer's Certificate*	<input type="checkbox"/>	7.10. Identity documents of Parties*	<input type="checkbox"/>
7.11. Marital status affidavits of Parties*	<input type="checkbox"/>	7.12. Other	

8. **ORIGINAL DOCUMENTS** ___ SEND BY: COURIER ___ DOCEX ___ REGISTERED POST ___ OTHER _____

9. **SPECIAL INSTRUCTIONS:** _____

SIGNATURE OF AUTHORISED PERSON

DATE OF SIGNATURE

By signing, the Firm accepts the Terms and Conditions of Service published on www.VirtualLawyers.co.za

KORF ATTORNEYS / NOTARIES / CONVEYANCERS / ESTATE ADMINISTRATORS

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