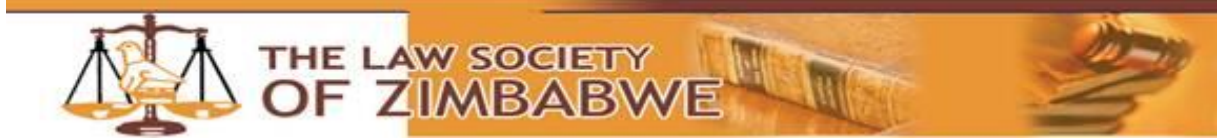


PERSONAL DETAILS FORM

PLEASE FILL THE FORM IN BLOCK LETTERS

 THE LAW SOCIETY OF ZIMBABWE	
Name	
Surname	
National I. D Number	
Date of Birth	
Gender	
Date of Registration	
Date of first Practice and Firm Name for First Practice	
Name of University(ies) attended	
Current Law Firm/Organisation	
Current Business Address	
Current Business telephone Numbers	
Residential Address	
Current Residential tel/Cell Number	
E-Mail Address	
Next of Kin (Name, Address & Contact details)	