FORM D

APPLICATION FOR DATE OF HEARING OF AN OPPOSED MOTION

NB Kindly obtain date at Clerk of the Civil Court **ROOM 82**

Pigeonhole: _____ **Docex**_____

CASE NUMBER: _____

APPLICANT/PLAINTIFF:_____

RESPONDENT/DEFENDANT:_____
(if more than one is involved mention just the first one)

_____
(**signed by attorney/applicant/plaintiff/**)
(attorney's/plaintiff's/applicant's/defendant's/ respondent's name, physical address, postal address, docex and reference)

TO: CLERK OF THE COURT **SOWETO**

TRIAL DATE ALLOCATED: _____

_____
Signature of Clerk of Court
Kindly note: Notified clerk of court if date is not going to be used.

Clerk of the Court Date stamp