

THE MUNICIPAL CITY COUNCIL OF PORT LOUIS

SERVICES OF SENIOR COUNSEL

SUBMISSION FORM

Name:
Mr/Mrs

Address:
.....
.....

Telephone No.: **Mobile:**

Fax No.:

Email Address:

I agree to provide the services listed below as per the following rates:-

1. Instructions to appear at:-
 - (i) District Court :
 - (ii) Intermediate Court :
 - (iii) Supreme Court :
 - (iv) Environment & Land Use Appeal Tribunal:
 - (v) Permits and Business Monitoring Committee:
(Hearing of objections)
 - (vi) Independent Review Panel (IRP):
2. Vetting of documents/letters:
3. Legal Opinion by telephone:
4. Legal Opinion in writing:
5. Disciplinary matters:

Please note that no monthly retainer fee will be paid by the Council for such services.

Date:

Signature: