

FORM NO. VII
[Sec. Section 17 & Rule 8(1)]

APPLICATION FOR PAYMENT FROM THE FUND.

1. **Name & Address** :
(in Block Letters)

2. **Age & Date of Birth of Member** :

3. **Date of Enrolment under the** :
Advocates Act, 1961

4. **Registration number under the** :
Advocate Welfare Fund Act, 1983

5. **Details of Practice** :

6. **Place of Practice** ::

7. **Completed years of Practice:**
excluding period of suspension,
removal and cessation of Practice
 - 1) **Before the Act** :
 - 2) **After Act** :

8. **Date of Death/Retirement/Cessation of Practice:**

9. **Ph. No./Mobile No.** :

Place:.....

Date:.....

(Signature of Applicant)

INSTRUCTION

To expedite the settlement of death claim, the applicant is requested to ensure the following:-

1. Up to date subscription must have been paid.
2. Application must be forwarded by the President/Secretary of the Association on the Form itself through which the deceased became member of the Fund.
3. The original death certificate issued by the Municipality/Registrar of Birth and Death and photograph of the same must be enclosed (The original shall be returned).
4. A copy of the condolence resolution passed by the Association must be enclosed.
5. If the deceased Advocate, prior to his enrolment as an Advocate, had worked as a Pleader/Mukhtar, please enclose a photocopy of the certificate issued by the Patna High Court or from the District Judge showing the exact date of commencement of practice as Pleader/Mukhtar.
6. Please enclose photocopy of all the available receipt and certificate issued by Bihar Advocates Welfare Trustee Committee.
7. Membership No. of the Trustee Committee
8. Last subscription paid up to the year vide receipt No. dated