

ADVOCATES WELFARE FUND OF THE BAR COUNCIL OF INDIA FOR  
THE STATE OF ANDHRA PRADESH.

FORM NO.1

Application Form for the grant of "Death Benefit"  
from the Advocates Welfare Fund

1. Name and Address of the Applicant:
2. The relationship of the Applicant to the deceased Advocate:
3. The name and permanent Address of the deceased Advocate:
4. The date of Enrolment of the deceased Advocate and State Roll No.:AP/ /
5. Place or Places where the deceased Advocate had actually practiced:
6. Whether the deceased Advocate had paid the amount under the Rules of the Bar Council of India towards Welfare Fund: Give particulars, if available:
7. The number of members in the family of the deceased Advocate and their respective relationship to the said Advocate. Furnish the names, ages, profession, income and addresses:
8. Average yearly income of the Advocate at the time of his death:
9. Sources of other income of the applicant and the extent thereof:
10. Whether the deceased Advocate had or the applicant has any moveable or immoveable property, state the particulars thereof and value thereof and any income derivable there from:

(P.T.O)

11. Whether the deceased Advocate had any Bank Account , if so, state the particulars thereof with the cash balance on the date of his death:
12. Whether the deceased Advocate had insured his life, if so, state the particulars of the insurance policy and the sum assured :
13. Any other particulars and information that the applicant desires to furnish:

I declare that the facts mentioned herein above are true and correct.

Place:

Date:



Signature of the Applicant

Enclosures required:

1. Death Certificate
2. Recommendation of the Bar Association.

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