

FORM NO.4

(See rule 19)

ANDHRA PRADESH ADVOCATES WELFARE FUND ACT, 1987.

FORM UNDER SUB SECTION (8) OF SECTION 15

FORM OF NOMINATION

Affix Passport
Size photograph
Of the
nominee/nominees

I hereby declare that the members of my family/person or persons so long as I have no family and direct that the amount payable to me from Andhra Pradesh Advocates Welfare Fund at the time of my death shall be paid or distributed to those mentioned below in the manner shown against their names:

| 1 | 2 | 3 | 4 |
|---|-------------------------------------|--------------------|---------------------|
| Name & Address of nominee or nominees | Relationship with the Subscriber | Age of the nominee | Share to be paid |
| | | | |

Place :

Date :

Signature of the Advocate

Two witnesses to the signature

1)

(Name in Block Letters)

2)

NOTE:

1. On the death of any one nominee or nominees a fresh declaration and nomination form shall have to be filed with the least possible delay.
2. If the member subsequently acquires a family he shall file a fresh declaration and nomination form.