

FORM NO.5
(See rule 17)

ANDHRA PRADESH ADVOCATES WELFARE FUND ACT, 1987
APPLICATION FORM FOR THE GRANT OF 'DEATH BENEFIT'

Passport
Size photo
of the nominee

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 or State Roll No. :
5. Place or places where the deceased advocate had actually practiced :
6. Whether the deceased advocate was a member of the A.P.A.W. Fund :
7. The number of members in the family depending upon the deceased advocate and their respective relationship to the said advocate. Furnish the names ages profession 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 movable or immovable property, state the particulars thereof and the value thereof and any income derivable there from :
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 letter from Bar Association