

SURETY FORM

To

The Secretary,
Bar Council of A.P., &
Ex.officio Secretary,
A.P.Advocates Welfare Fund,
High Court Premises,
Nelapadu,
AMARAVATI – 522 237.

Sir,

I,.....
S/o..... Advocate Practising
athereby undertake that I
will repay the entire Loan amount @ Rs. 500/- once in
two months, commencing from immediate month after
receiving the Books.

I further undertake to abide by the Andhra Pradesh
Advocates Welfare Fund Act and Rules framed there under from
time to time.

Name of the Advocate :

State Roll No. :

Address :

Mobile No :

Date :

Signature of the Advocate

P.T.O.

SURETIES

Above 15 Years of Standing

1st Surety

Name of the Surety :

State Roll No. :

Address :

Mobile No. :

I Advocate,
practicing at hereby undertakes to
repay the Library Loan amount, which is due by the loanee in
default of repayment.

Date :

Signature of the Surety

2nd Surety

Name of the Surety :

State Roll No. :

Address :

Mobile No. :

I Advocate,
practicing at hereby undertakes to
repay the Library Loan amount, which is due by the loanee in
default of repayment.

Date :

Signature of the Surety