

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	
		Mobile No.
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.	AP/
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 and 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 had insured his life, if so state particulars of the Insurance Policy and the sum assured	
13.	Any other particulars and information that the applicant desires to furnish	
14.	Bank Account details of the applicant (Name as per bank passbook)	Name : A/c No. : Bank Name : IFS Code : Branch :

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.

3. Bank Account Passbook copy of the applicant.

4. If the Applicant / Nominee is minor, submit Xerox copy of Date of Birth Certificate & Aadhar Card.