

BAR COUNCIL OF THE STATE OF ANDHRA PRADESH:: AMARAVATI.

From

To

The Secretary,
Bar Council of A.P.,
High Court Buildings,
Nelapadu,
Amaravati - 522 239.

**Sub: - Change of Place of Practice and Address on the Rolls
of Bar Council of A.P**

Madam,

I _____, S/o _____, Advocate,
Enrolment No.: AP/_____/_____ dated _____
was a member of _____ Bar Association. Now,
I am practicing at _____ and became member of
_____ Bar Association & enclosing a **copy of
Membership Certificate** to this effect. I further request you to
change my address as follows

Whether DECLARATION / COP Filed: YES NO

If YES:

I intend to cast my vote in the Election of Bar Association at:

_____ BAR ASSOCIATION

I intend to cast my vote in the Election of State Bar Council at:

_____ BAR ASSOCIATION

Date :

Yours Sincerely,

Mobile No.:

Note: Along with form you have to pay an amount of Rs. 100/- by way of Cash / DD towards Change of Place of Practice (infavour of Bar Council of Andhra Pradesh, payable at A.P. High Court Branch, Amaravati)