

gjurat Aðvokæ vèfe fÐ Ak3,ÉÑÑÉ AllvyevkII 7Ina mkyubad shay mēvva babt...

gjurat Aðvokæ vèfe fÐ Ak3,ÉÑÑÉ AllvyevkII 7Ina mkyubad Svgr4 vkII 7Ina varsdaronemkyushay yoj na h#5 shay ckvvama>Aave0ej 4I Aa sa4ebIDè fomR nør – Ð sa4enlcedxaRè ivgto sa4ewrlnemokI I Aapxo.

- É. sWy Aðvokæ na varsdar trikeAr+ krnaregjurnar Aðvokæno vèfe nør j`avvo fr+yat 0e
- Ê. Arj dare Aa sa4e bIDè fomR nør – Ð ma>potanu þau srnamuðð fon nør,moba[I nør keAlly spkRnør AvXy j`avvo.
- Ë. Arj dare fomR nør – Ð sa4e gjurnar sWy Aðvokæna mkyu na AsI pñai`pt/ I Aorl+ni D4 s3IRIkæ Ý bIDvanurhøe
- Ï. Arj daresrnama na þauvarpel a[3 ibI / 3ð fon ibI / 3Ø ibI / paspo3Rni pñai` t nkl bIDvl.
- Í. Arj daresWy Aðvokæ na snd s3IRIkæ ni pñai` t nkl bIDvl.
- Î. Arj dareAr+ sa4egjurnar Aðvokæ bar AøisAæn ùvkII mÐ5Ý na sWy hova Agautaj èrnupñai`pt/bIDvanurhøe
- Ï. gjurnar Aðvokænunam dxaRta rænkaDRni pñai` t nkl bIDvl.
- Ð. Arj dar ã nomlnIAeinyt fomRna>potano taj èrno fo3ogaf t4a shI ã Ag#a nu inxan no3ri A4va S4aink vkII mÐ5 na hoddar A4va bar ka]iNsl Aof gjurat na c8ayè sWy pasepñai` t kravva ÜAD2I shI fo3a pr Aavetm rBbr S3mp sa4È t4a pñai` t krnar S4aink vkII mÐ5na hoddare tæno Aerol m#3 nør I qvo tøj pñai` t krnar ni shI tænl Aerol m#3 Ar+ sa4em5tl hovl j røl 0e



GUJARAT ADVOCATES' WELFARE FUND ACT, 1991
FORM NO. VIII
[See Regulation - 10 (1)]
APPLICATION FOR PAYMENT FROM THE FUND

1. Name and address and contact _____
Number of the applicant _____
(Beginning with Surname in _____
CAPITAL letters) _____
2. Age and date of birth of the _____
Applicant. _____
3. Enrolment number and Date _____
of enrolment under the _____
Advocates' Act, 1961 _____
4. Membership number & Date _____
of Membership under the _____
Gujarat Advocates' Welfare Fund _____
Act, 1991. _____
5. Date of retirement _____
6. Date of death of member & original _____
Death Certificate _____
7. Details regarding nomination _____
 - (i) Relation of applicant to the _____
deceased member _____
 - (ii) Relation of nominee or _____
nominees to the deceased _____
member _____
8. Succession certificate or such _____
other certificate, if any _____
9. Other necessary facts required _____
for consideration of application _____
10. Residential proof _____
11. Certificate of Bar Association regarding _____
death _____

Place: _____

Date: _____



Signature of the applicant

Where the person entitled to the amount is minor his/her natural guardian may apply.

N.B. – Please affix Photograph/s & sign & be attested the same by Notary Public / Office bearers of the Bar Association / Elected Member of the BCG