

gjurat Aðvokæ vðfe fÐ Ak3,ÉÑÑÉ AllvyevkII 7Ina mkyubad shay mðvva babt...

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

- É. sWy Aðvokæ na varsdar trikeAr+ krnaregjurnar Aðvokæno vðfe nðr j` avvo fr+yat 0e
- Ê. Arj dare Aa sa4e bIDè fomR nðr - Ð ma> potanu þau srnamuðð fon nðr,moba[I nðr keAlly spkRnðr AvXy j` avvo.
- Ë. Arj dare fomR nðr - 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]iNsI Aof gjurat na cðayè sWy pasepñai` t kravva ÜAD2I shI fo3a pr Aavetm rBbr S3mp sa4È t4a pñai` t krnar S4aink vkII mð5na hoddare tæno Aerol m#3 nðr I qvo tøj pñai` t krnar ni shI tæni Aerol m#3 Ar+ sa4em5tl hovl j røl 0e



GUJARAT ADVOCATES' WELFARE FUND ACT, 1991

FORM NO. VIII

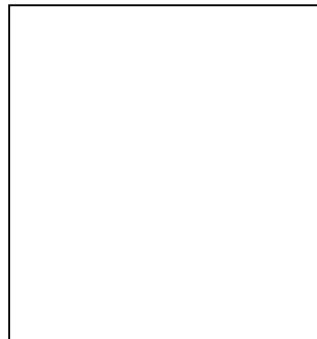
[See Regulation - 10 (1)]

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