

THE RAJASTHAN ADVOCATES WELFARE FUND

C/o THE BAR COUNCIL OF RAJASTHAN
HIGH COURT BUILDINGS, JODHPUR -342 001

Please affix
y ur
Pas port Size
Photo

PAYMENT IN CASE OF DEATH OF THE MEMBERS :

1. Name and Address of the deceased member. :
2. Date of Birth. :
3. Date of Enrolment and R. No. :
4. Date of admission to the fund. :
5. Date of death; :
(A death certificate must be enclosed)
6. Period or periods of discontinuation :
of practice, if any.
7. If the deceased member joined :
any service after becoming
member, please give details.
8. **Detail of applicant :**
 - (a) Name/Names with age and :
address of each applicant
 - (b) If nominee, specify the :
Share/shares of each nominee
 - (c) If the applicant is not nominee
 - I. Relation with the deceased :
 - II. Succession Certificate must :
be annexed with the application
form.
9. Amount claimed and its details in short :

Date.....

Signature

Verification and recommendation of President, Bar Association.

Phone No.

Cause of Death

Mobile No.

a) Natural

b) Accidental

President, Bar Association.