

RAJASTHAN ADVOCATES WELFARE FUND

C/o THE BAR COUNCIL OF RAJASTHAN
HIGH COURT BUILDINGS, JODHPUR -342001

Please affix
nominee(s)
latest
passport
size photo

PAYMENT IN CASE OF DEATH OF THE MEMBERS:

1. Name and Address of the deceased member :

Phone No.
Mobile No.
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)
Cause of Death
a) Natural
b) Accidental
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 :
10. Bank details of nominee/(s) (Enclose Photocopy of Passbook)
 - a. Bank Name :
 - b. Branch Name :
 - c. IFSC Code :
 - d. Bank Account Number :

Date

Signature

Verification and recommendation of President, Bar Association.

PRESIDENT, BAR ASSOCIATION