

From,

Dated:

To,

THE SECRETARY,
Kerala Advocates’ Welfare Fund Trustee Committee,
Bar Council of Kerala,
ERNAKULAM-KOCHI-31.

Sir,

My who was a practicing lawyer
at.....Courts died on I am herewith submitting the
application for payment from the Kerala Advocates’ Welfare Fund in respect of my
....., it is also submitted that I am the nominee by him in the
matter of payments of Kerala Advocates’ Welfare Fund.

Yours faithfully

Name & Signature of applicant

Enclosures:-

1. Form No. VII.
2. Kerala Advocates’ Welfare Fund Membership Certificate in Original.
3. Original extract of Death Certificate. (in case of cessation of practice, furnish certificate of removal of name from the State Rolls, in lieu of death certificate)

FORM NO. VII
[See Section 16 and rule 8(1)]
APPLICATION FOR PAYMENT FROM THE FUND

1. Name and address
[of the applicant - in block capital] :

2. Age and date of birth of member :

3. Date of enrolment under the :
Advocates' Act, 1961

4. Registration Number, under the :
Advocates' Welfare Fund Act, 1980

5. Details of practice*¹ :

6. Number of *Vakalaths* filed for the :
last five years [approximately]

7. Place or places of practice :

8. Completed years of practice :
excluding period of suspension,
removal and cessation of practice

(1) Before the Act :

(2) After the Act :

9. Date of retirement/cessation of :
practice/death

Place :

Date :

Signature of the Applicant.

¹ * In case the member had practiced in more than one Court centre, Certificate from the President or Secretary of each Bar Association has to be furnished.