

B/F

FILIO No.....

ONLY FOR AGE BELOW 40 YEARS

APPLICATION FOR MEMBERSHIP OF THE PUNJAB & HARYANA HIGH COURT
BAR ASSOCIATION BENEVOLENT FUND

To

The Honorary Secretary,
Punjab & Haryana High Court,
Bar Association, Chandigarh

PHOTO

Sir

I, advocate, request you to admit me to the membership of Punjab & Haryana High Court Bar Association Benevolent Fund, I have gone through the Rule of the Fund and I agree to abide by the same.

My Particulars are as under: -

(In Block Letters Only)

1. Name.....
2. Father/Husband's Name.....
3. Date of Birth.....
4. Enrolment No. of Bar Council.....
5. Date of Membership in HCBA
6. Date of attaining age of 65 year.....
7. Marital Status.....
8. Nominee: - (Husband/wife/Son/Daughter/Father/Mother) of any other dependent who shall be entitled to receive the benefit of the fund in case of death of member before an attaining the age of 65 years.

Name of Nominee _____ Relation _____

Permanent Address _____

Mobile No. _____

(Signature of the applicant)

Honorary Secretary
Punjab & Haryana High Court,
Bar Association, Chandigarh

Superintendent (Benevolent Fund)
Punjab & Haryana High Court
Bar Association, Chandigarh

(FOR OFFICE USE ONLY)

Register Page No. _____ Benevolent Fund paid up to _____

Cash/Cheque/Receipt No. _____ Received Rs. _____ Dated _____

Cheque No/Draft No; _____ Bank _____ Branch _____