

APPLICATION FOR PAYMENT ON DEATH OF MEMBER

To

**The Secretary
Odisha Advocates' Welfare Fund Trust
OSBC, Cuttack**

1. Name of the member (in BLOCK LETTERS) :
2. OSBC Enrl. No. & Date :
3. Trust Membership No. :
4. Address & Contact No. (in BLOCK LETTERS) :
5. Date of birth of member :
6. Date of death of member :
7. Details of Practice :
8. No. of Vakalatnama filed in last five years :
9. Place or Places of Practice :
10. Completed years of Practice :
(Excluding Period of suspension, removal and Cessation of practice)
(1) Before the Act:
(2) After the Act:
11. Name & address of the Nominee/Applicant (in BLOCK LETTERS):
Present :

Permanent :
12. Husband's/Father's Name :
13. Name of Nominee in the Certificate :
14. Status of Nominee :
15. Details of legal heirs of the deceased member :
16. Applicant's/Applicants' relation with the deceased member :
17. Bank A/C No. of Nominee/Applicant :

Documents enclosed :

1. Original certificate of Membership issued by the Trust
2. Photo Copy of Enrolment Certificate.
3. A certificate of Practice of the deceased member issued by concerned Bar President/Secretary or any Bar Council Member (applicable till issuance of COP by the Council under the provisions of C & POP (V) Rules, 2015). Thereafter, true copy of COP issued by Council attested by Bar President/Secretary or any Bar Council Member to be appended.
4. Copy of Death Certificate attested by concerned Bar President/Secretary or any Bar Council Member
5. Proof of Identity of the claimant attested by concerned Bar President/Secretary or any Bar Council Member
6. Proof of applicant's relationship with the deceased member attested by concerned Bar President/Secretary or any Bar Council Member
7. Proof of succession in case claimant is not a nominee
8. Bank Particulars of the claimant for transfer of benefit (Copy of Pass Book attested by the Manager of concerned Bank)

Date :

Full Signature of the Applicant

AFFIDAVIT

I, _____, son/daughter/wife of _____, aged _____ years, resident of _____, Post _____, PS _____, Dist. _____, do hereby solemnly affirm and state as follows:

1. That I have made this application and the facts stated here above are all true to the best of my knowledge and that I have not suppressed or misled any material fact.

Contents of the affidavit are all true in my knowledge.

Identified by:

Deponent

(Name & signature of Advocate)