

# APPLICATION FOR PAYMENT ON RETIREMENT 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. Age & date of birth of member :
6. Details of Practice :
7. No. of Vakalatnama filed in last five years :
8. Place or Places of Practice :
9. Completed years of Practice :  
(Excluding Period of suspension, removal and Cessation of practice)  
(1) Before the Act :  
(2) After the Act :
10. Date of retirement/cessation of practice :
11. Bank S.B. A/c No. of Applicant :
12. Reasons for retirement :

Documents enclosed:

1. Original certificate of Membership issued by the Trust.
2. Photo Copy of Enrolment Certificate.
3. Letter from Council that Original Enrl. Certificate is surrendered.
4. Original Certificate of Practice, if issued from the Council under the provisions of C & POP (V) Rules, 2015) OR a certificate from the concerned Bar President/Secretary or any Bar Council Member to the effect that the applicant is no more in practice.
5. Copy of Id Card issued by the Council or Proof of Identity attested by concerned Bar President/Secretary or any Bar Council Member.
6. Bank Particulars of the member 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)**