

# APPLICATION FOR CHANGE OF NOMINEE

To

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

Name of Applicant :

OSBC Enrl. No. & Dt. :

Trust Membership No. :

Address & Contact No. :

Place of Practice :

Present Nominee & Relation :

Proposed Nominee & Relation :

Reason of Change :

Documents enclosed :

1. Original certificate of Membership issued by the Trust (will be returned after correction).
2. A certificate of Practice 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.
3. True copy of Id Card issued by Council or Proof of Identity attested by Bar President/Secretary or any Bar Council Member.
4. Money Receipt showing deposit of prescribed Fee.

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)**