

January 30, 2009

From,

To,

**THE SECRETARY,**  
Kerala Advocate 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 Advocate 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

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**Encls:-**

1. Form No. VII.
2. Kerala Advocate Welfare Fund trustee Certificate of Membership-Original.
3. Original of Death Certificate.
4. Attested copy of Enrolment Certificate.

**FORM NO.VII**

*[See Section 16 and rule 8 1]*

**APPLICATION FOR PAYMENT FROM THE FUND.**

1. Name and address [In Block letters] :
  
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 :
  
6. Number of Vakalath 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 : Calicut.

Date :

*Signature of the Applicant.*

- In case the applicant has practiced in more than one court center, Certificate from the President or secretary of each Bar Association has to be furnished.