

THE MAHARASHTRA ADVOCATES WELFARE FUND

1st Floor, Room No. 2 & 3, High Court Extension, Fort, Bombay - 400 032.

Form No. III

(See Regulation 5 [1])

APPLICATION FOR ADMISSION TO THE WELFARE FUND

1. (a) Name [Surname First] :
- (b) Address :
2. Age and date of birth of applicant :
3. Date of enrollment under the Advocates Act, 1961 :
4. Name of the Bar Association of which he is a member and address :
5. Place or places of practice :
6. Suspension or discontinuance of practice if any, with details of suspension and resumption. :
7. Name & address of the nominee or nominees with the proportion of share to be paid to each and their relationship with member. :
8. Amount and date of payment to the Fund under Section 16 [3] (Receipt to be attached) :
9. Balance of admission fee instalment if any, how paid. :

I _____ do solemnly
affirm that the particulars furnished above are true and correct.

Place :

Signature of the Applicant

Date :

Attested by

President / Secretary

Seal of The Bar Association