



FORM "F"

CLAIM UNDER CHAPTER V RULE 5.2
SINDH ADVOCATES BENEVOLENT FUND RULES, 2017

Name of Advocate: _____

Father's Name _____

Registration No. _____ Date of Enrolment _____

Amount of Payment _____
Sought (See Rule 5.3)

Reason's for seeking payment _____
and nature of disease
along with supporting
documents in original

Voluntary contribution made to date, if _____
any (see Rule 2.4 (c).

Benefit already availed, with _____
Date Attach Copy of
Sindh Bar Council Identity Card,

Note:

That the applicant is actually a deserving,
Needy and indigent person and applicant has paid his/her
Contribution up-to-date.

SIGNATURE OF APPLICANT

Address _____

Cell No. _____

Recommendation of Member Bar Council/President of Bar Association (See Rule 5.1)
