



SINDH BAR COUNCIL
FORM "E"

CLAIM UNDER CHAPTER IV UNDER RULE 4.8
READ WITH RULE 4.7

Name of Advocate : _____

Father's / Husband Name : _____

Registration No : _____

(i) Date of Birth : _____

(Attach Birth Certificate/any other certificate certifying the
date of birth attested by the Member, Bar Council/President

Bar Association) _____

(ii) Date when attained the age of 67 Years _____

(iii) Total amount contributed towards Benevolent (Security) Fund
by the Applicant _____

SIGNATURE OF APPLICANT

Address : _____

ATTESTED BY

MEMBER OF SINDH BAR COUNCIL
OR PRESIDENT BAR ASSOCIATION
CONCERNED