

# PUNJAB BAR COUNCIL

## NOMINATION FORM OF LAWYERS GROUP BENEFIT SCHEME OF ADVOCATES OF THE PUNJAB BAR COUNCIL.

(Note: To be filled in by new contributors only)

Advocate who are already registered are not required To fill in this form. They should only deposit their contribution in any Branch of Habib Bank, Ltd.

NAME

FATHER'S/HUSBAND'S NAME.

DATE OF BIRTH.

DATE OF ENROLMENT AS AN ADVOCATE.

DATE OF ENROLMENT AS AN ADVOCATE OF HIGH COURT

ORDINARY PLACE OF PRACTICE. \_\_\_\_\_

NAME OF BAR ASSOCIATION OF WHICH APPLICANT IS A MEMBER \_\_\_\_\_

DATE OF APPLICATION.

SIGNATURE. \_\_\_\_\_

FULL ADDRESS. \_\_\_\_\_

\_\_\_\_\_

### PARTICULARS OF PAYMENT

AMOUNT

WHERE DEPOSITED. \_\_\_\_\_

DATE OF DEPOSIT.

RECEIPT NO. \_\_\_\_\_

NAME OF BANK BRANCH. \_\_\_\_\_

### NOMINATION FORM

NAME OF ADVOCATE.

NAME OF NOMINEE. \_\_\_\_\_

(With Relationship)

\_\_\_\_\_

SHARE OF NOMINEE. \_\_\_\_\_

CONDITION IF ANY. \_\_\_\_\_

ATTESTED  
MEMBER PUNJAB BAR COUNCIL  
PRESIDENT BAR ASSOCIATION

SIGNATURE  
OF THE APPLICANT/ADVOCATE

NOTE: Please send filled in form to Secretary Punjab Bar Council, Lahore.  
9-Fane Road, Lahore