APPLICATION FOR REGISTRATION OF BALOCHISTAN LAWYER WELFARE FUND

(Rule 17.4)

Please register me as contributor of Lawyer welfare fund subject to conditions laid down in Appendix-K-1 as well as chapter 17 of the Balochistan Legal Practitioners & Bar Council Rules, 2020. My personal information is as under:-

1. Name of the applicant _____
2. Father's/ husband's name_____
3. Nationality _____ 4. CNIC No._____
5. Date of birth._____ 6. Station _____
7. Email._____ 8. Cell No._____
9. Enrollment date as Lower Court _____ Registration No._____
10. Enrollment date as High Court _____ Registration No._____
11. Home Address_____
12. Mailing Address _____
13. I have thoroughly read the relevant rules and section and according to such law and rules I am quite eligible having regular practice for a period not less than five (5) Year to become contributor of Balochistan Lawyers welfare fund.
14. My annual contribution is limited to one year ending till 31st December of next year commencing from this day.
15. In case of my death, claim may please be given to the following entity entity(ies) as my nominee: (**BY PROVIDING B-FORM OF DEPENDENTS)**

i. Name of Nominee(s) _____
ii. Name of Nominee(s) _____
iii. Relation with Nominee(s) _____ Share of Nominee(s)_____
iv. CNIC(s) of Nominee(s) _____
v. Condition, if any _____

Signatures of the Applicant

- **REGISTRATION FEE RS**:- **10000/- (one Time)**
- **CNIC COPY**
- **B-FORM OF THE DEPENDENTS**
- **FRESH PICTURE**

FOR OFFICE USE ONLY

Fee deposit _____ Receipt No. _____ Date _____, _____ Bank

Accountant of Balochistan Bar Council

Remarks.

_____.

SECRETARY