

Applicant's Mobile No.

Residence No. (With STD Code)

To,

The Secretary,
K.A.W.F. – T.C.
Bangalore – 1.

Affix recent
Passport size
photo of
Advocate

FORM NO. X

[See Section 16(B) and rule 16(2)]

**APPLICATION FOR PART PAYMENT FROM THE FUND DURING
FINANCIAL HARDSHIP CLAIM**

1. Advocates' Name (in block letters)	
2. Postal Address for communication	
3. Roll No. & Date of Enrollment	MYS/KAR Date:
4. Pleaders Certificate No. & Date of Registration as Pleader (In case of Pleader)	General No: Date :
5. Date of Birth & Age	
6. Place of Practice	
7. Previous employment or profession with Details of nature and period if any	
8. Suspension and resumption of practice if any, with details of period of suspension and discontinuance / resumption	From: To :
*9. Reasons for financial hardship	
*10. Dependents / legal heirs and their relationship with the member *Affidavit furnish for Sl. No. 9 & 10	

I hereby declare that the statements made above are true and I believe them to be correct.

The amount paid to me from the Welfare Fund is liable to be deducted out of the amount due to me at the time of making final settlement. If the information given by me is false or incorrect, I will be liable to refund the amount with interest.

Date:

Place:

Signature of the Advocate

Mobile No.

CERTIFICATE OF THE PRESIDENT

I..... the President of..... Bar Association do hereby certify that Shri/Smt.....

Is an Advocate practicing at

PLACE:

PRESIDENT

DATE :

SEAL

DOCUMENTS REQUIRED

- (1) an affidavit on a (stamp paper value of Rs.50/-) in the prescribed form duly attested by the Notary public or the Magistrate. (Format enclosed, Refer Sl. No. 9 & 10)
- (2) Xerox copy of Enrollment & Welfare Fund certificate.
- (3) Original cancelled cheque of the Nominee/Claimant.

RECEIPT

Received today a sum of Rs. from the KAWF towards Financial hardship under section 16(B) of the KAWF Act 1983 vide TCM Dated:

Date :

Place:

Signature of the Advocate

AFFIDAVIT

IN SUPPORT OF APPLICATION CLAIMING PART PAYMENT DURING FINANCIAL
HARDSHIP

I, _____ S/o. _____ aged
_____ years. Residing at _____ do
hereby solemnly affirm and state as under.

1. I am an Advocate practicing in the State of Karnataka and my name is there on the rolls of Karnataka State Bar Council as on this date. I have made contribution in full and I am a member of Karnataka Advocates' Welfare Fund.
2. I have made an application seeking part payment in view of financial hardship under section 16(B) and I have attained 65 years of age and completed twenty five years of practice as an advocate.
3. The amount payable under section 16(B) towards the part payment shall be deducted out of the amount due to me at the time of making final settlement as per the schedule or section 16(1).
4. I hereby declare that the information given in the application accompanying this affidavit claiming part payment is true to the best of my knowledge and information and I hereby state that in case the particulars in the application are false or the documents produced along with the application are found to be false or containing false information, the Bar Council / Committee is at liberty to initiate appropriate legal proceedings against me including proceedings for misconduct.
5. In the event of Bar Council / Committee, revoking the order of part payment after making the payment, I undertake to repay the same along with interest at the rate of 12%.

Solemnly affirmed on _____ day of _____ at
_____ and I hereby affirm that the above declaration is true to the
best of my knowledge and information.

DEPONENT

Place :

Date :

