

To,

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



FORM NO. VI

[See Section 16 and rule 9(1)]

**APPLICATION FOR PAYMENT FROM THE FUND IN CASE OF
RETIREMENT CLAIM**

1. Advocates' Name (in block letters)	
2. Postal Address	
3. Roll No. & Date of Enrollment	MYS/KAR Date:
4. Pleadership Certificate No. & Date of Registration as Pleader (In case of Pleader)	General No: Date :
5. Place or Places of Practice	
6. Completed years of Practice (a) before becoming a Welfare Fund Member (b) after becoming a Welfare Fund Member	
7. Suspension and resumption of practice if any, with details of period of suspension and discontinuance / resumption	From: To :
8. Previous Employment or Profession with Details of nature and period if any	From: To :
9. Date of Retirement	

I, do solemnly affirm that the particulars furnished above are true and correct.

Place:

Date:

SIGNATURE OF ADVOCATE

Mobile No.

CERTIFICATE OF THE PRESIDENT

I, the President ofBar Association
do hereby Certify that Shri. / Smt.is an advocate
practicing at

Place:

Date:

(SEAL)

PRESIDENT

DOCUMENTS REQUIRED

(a) File an affidavit showing your date of voluntary retirement OR retirement due to permanent disability.(Stamp paper of Rs.50/-)(Format enclosed)

(b) Furnish Original Enrollment Certificate (Stamp Paper of Rs.250/-, Rs.335/- or Rs.500/- issued during the time of Enrollment)

(c) Furnish Original Embossed Certificate issued at the time of enrollment .

(d) Furnish Original Welfare Fund Certificate (1987/1997 onwards)

(e) In the case of permanent disability a Certificate from the District Surgeon should be produced.

(f) Furnish the Original Pledership Certificate issued by the District & Sessions Judge or Registrar General High Court of Karnataka, regarding First Date of registration as pleader (Incase of Pleader)

(g) Original cancelled cheque of the Nominee/Claimant.

RECEIPT

Received today a sum of Rs..... from the K.A.W.F. towards Retirement claim under Section 16 of the K.A.W.F. Act 1983 vide T.C.M. Dated:

Place:

Date:

Signature of the Claimant

FORM NO. VIII

[See rule 14]

DECLARATION

APPLICATION FOR REMOVAL OF NAME FROM THE ROLL

To,
The Secretary,
Karnataka State Bar Council,
Old Election Commission Building,
Bangalore – 01.

1. Advocates' Name (in block letters)	
2. Postal Address for communication	
3. Roll No. & Date of Enrollment	MYS/KAR Date:
4. Date of Birth & Age	
5. Place of Practice	
6. Previous employment or profession with Details of nature and period if any	
7. Suspension and resumption of practice if any, with details of period of suspension and discontinuance / resumption	
8. Date of Retirement	

I, do solemnly affirm that the particulars furnished above are true and correct.

I, hereby declare that my name may be removed as per section 26(A) of the Advocates Act, 1961 from the Rolls maintained by the Karnataka State Bar Council as per my request.

Place:

SIGNATURE OF THE ADVOCATE

Date:

AFFIDAVIT

I, _____ S/o. _____ Major residing at _____, Bangalore District do hereby solemnly affirm and state as follows :

I was practicing at Bangalore District and my Enrolment Number is Mys/KAR/_____ or Pleadershp No._____ and Member of the Fund from the year _____

I am aged about _____ years. I am not intending to practice as an Advocate / Pleader in future. I wish to retire from the profession from _____.

I have filed Retirement Claim U/s. 16 of KAWF Act (Voluntary / Permanent Disability)

I have surrendered all Original Certificates (Enrolment / Embossed / Welfare Fund) along with my Retirement Claim Application OR The original Certificates (Enrolment / Embossed / Welfare Fund) are lost. I swear if found, the same will be surrendered.

I do swear in the name of God that the above contents are all true & correct to the best of my knowledge and belief.

Place :

Date :

DEPONENT.