

Applicant's Mobile No. ....

Residence No. ....(With STD Code)

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

Affix recent Passport size photo of Applicant	Affix recent Passport size photo of deceased Advocate
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**FORM NO. V**

[See Section 16 and rule 9(1)]

**APPLICATION FOR PAYMENT FROM THE FUND IN CASE OF DEATH**

1.Applicant's Name (in block letters)	
2. Postal Address	
3. Advocates Name (in block letters)	
4. Roll No. & Date of Enrollment	MYS/KAR Date:
5. Pleadership Certificate No. & Date of Registration as Pleader (In case of Pleader)	General No: Date :
6. Place or Places of Practice	
7. Suspension and discontinuance/ 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 Death	
10. Relationship of the applicant nominee/ dependent / heir with the deceased Advocate	
11. Whether deceased advocate is married or unmarried	

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

Place:

Signature of the Applicant

Date:

Mobile No.

**CERTIFICATE OF THE PRESIDENT**

I, ..... the President of .....Bar Association do hereby Certify that Shri. / Smt. .... is / was an advocate Practising at.....The applicant, Shri. / Smt. .... is the Nominee / dependent / heir being the Wife / Husband / Son / daughter/ mother /father / brother / sister of the Fund member.

Place: (Seal) PRESIDENT  
Date:

**DOCUMENTS REQUIRED**

1. Furnish Form No. V (application Form is enclosed and to be Certified by the President, Bar Association).
2. Furnish Original Death Certificate.
3. Execute an Indemnity Bond on the Stamp Paper of the value of Rs.100/- (Format Enclosed)
4. Furnish Original Enrolment Certificate Stamp paper of Rs.250/-, Rs.335/- or Rs.500/- issued at the time of Enrolment. If it is not there you are required to swear an affidavit. (Stamp Paper Rs.50/-)
5. Furnish Original Embossed Certificate issued at the time of Enrolment. If it is not there you are required to swear an Affidavit (Stamp paper of Rs.50/-)
6. Furnish Original Welfare Fund Certificate. If it is not there you are required to swear an affidavit. (Stamp Paper of Rs.50/-) (1987/1997 onwards)
7. Furnish the Original Pleadership Certificate issued by the District and Sessions Judge or Registrar General, High Court of Karnataka, regarding First Date of registration as pleader. (In case of Pleader)
8. Furnish attested Xerox copy of voters photo identity card or any other proof of identity of relationship with deceased advocate.
9. Your ..... should give 'No Objection' by way of Affidavit (Stamp paper of Rs.50/- ) in your favour to receive the entire amount.
10. Furnish an affidavit in case the deceased advocate was unmarried. (Stamp paper of Rs.50/-)
11. Original cancelled cheque of the Nominee/Claimant.

**RECEIPT**

Received to-day a sum of Rs.....  
from the Karnataka Advocates Welfare Fund, Bangalore towards the settlement of Death claim under K.A.W.F. Act 1983 in its meeting dated: .....

Place:  
Date: Signature of the Claimant

**(To be executed on Stamp Paper of Value of Rs.100/-)**

**Annexure to Form No.V**

**UNDER KARNATAKA ADVOCATES' WELFARE FUND ACT, 1983 (AMENDMENT)**

**ACT. 2002, 2004 & 2010 RULES, 2005**

This DEED OF INDEMNITY BOND executed this the .....  
Day ..... of

By..... aged .....residing at .....  
Taluka ..... District..... the duly declared nominee/s of  
..... the deceased Fund Member hereinafter called  
the Applicant – Claimants/s in favour of the KARNATAKA ADVOCATES WELFARE  
FUND TRUSTEE COMMITTEE BANGALORE having its office at the office of the  
Karnataka State Bar Council, Old K.G.I.D. Building, Bangalore-1.

Whereas the above named Applicant – Claimant/s has have applied for  
the grant of payment of amount from the Fund to be determined and made by  
the Trustee Committee in accordance with the provisions of the Karnataka  
Advocates Welfare Fund Act, 1983 (Amendment) Act,2002, 2004 & 2010 and  
Karnataka Advocate Welfare Fund Rule, 2005 in respect of the claim arising out  
of the demise of the Advocate / Pleader ..... who was  
practicing at .....

Whereas it is required of the above Applicant / Claimant/s to execute this  
INDEMNITY BOND as per rules, the applicant / Claimant/s, accordingly hereby  
agree to indemnify the payment of such amount from the Fund to be by the  
Trustee Committee in the event of the amount so determined and paid has  
been obtained by the Applicant/Claimant/s by fraud or misrepresentation of  
false claim and further agreeing that he/she/they shall be liable for all the costs  
and consequences arising out of such fraud or mis-representation or false claim.

In Witness whereof the Applicant – Claimant/s has have set his/her/their  
hand/s and signature/s on ..... Day of .....  
at ..... before the following.

**WITNESSES: (Signature, Name & Address)**

1)

2)

**SIGNATURE OF THE CLAIMANT**

Applicant's Mobile No. ....

Residence No. ....(With STD Code)

