



# **SINDH BAR COUNCIL**

## **FORM "D"**

**CLAIM UNDER CHAPTER IV UNDER RULE 4.8  
READ WITH RULE 4.1  
SINDH ADVOCATES BENEVOLENT FUND RULES, 2017.**

Name of Advocate : \_\_\_\_\_

Father's / Husband Name : \_\_\_\_\_

Registration No : \_\_\_\_\_

(i) Date of Death (Attach death Certificate attested by the Member,  
Sindh Bar Council / President Bar Association) \_\_\_\_\_

OR

(ii) Date of Incapacity with particulars (Attach Medical Certificate  
of Medical Authority) \_\_\_\_\_

Name of Nominee, If any \_\_\_\_\_

If no Nominee, name of Person to whom payment is to be made  
(See Rule 4.4) \_\_\_\_\_

Name of applicant \_\_\_\_\_

SIGNATURE OF APPLICANT

Address : \_\_\_\_\_

ATTESTED BY

MEMBER OF SINDH BAR COUNCIL  
OR PRESIDENT BAR ASSOCIATION  
CONCERNED