

**Form “I”**

**CLAIM UNDER CHAPTER V RULE 5.2  
THE SINDH BAR COUNCIL SENIOR LAWYERS ABOVE  
SEVENTY & SPECIAL/DISABLED LAWYERS WELFARE FUND  
RULES, 2012.**

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

Father’s Name: \_\_\_\_\_

Registration No: \_\_\_\_\_ Date of Enrolment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason’s for seeking payment \_\_\_\_\_  
and nature of Disease along with supporting  
documents in original (*for Disabled Lawyers*)

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

Phone No. Residence: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell No: \_\_\_\_\_

Benefit already with obtained from Sindh Bar Council \_\_\_\_\_

***Date Attach copy of  
Sindh Bar Council Identity Card.***

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

***Recommended by Member Sindh Bar Council or President District Bar Association.***

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