



FORM "L"
Sindh Bar Council
 SINDH HIGH COURT BUILDING, (ANNEXE), KARACHI.

Ph : 99203192
 : 99203187
 Fax : 99205892

See Rule 59 (i)

ADVOCATE DATA COLLECTION FORM

(Applicable for all practicing Advocates of Subordinate Court in Sindh)
 (TO BE FILLED ALL COLUMN WITH BLACK INK & BLOCK LETTER)

Two Recent
 Photographs
 1-1/2 X 1-1/2
 size in
 Court Dress

1. Advocate's Name: _____
 (As per Licence of Sindh Bar Council)
2. S/o, D/o, W/o: _____
3. Date of Birth: _____ 4. Blood Group: _____
 (As per Matriculation Certificate)
5. C.N.I.C. No:

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6. Chamber Address: _____
 _____ Cell # _____
7. E-mail : _____ Phone # _____
8. Residential Address: _____
 _____ Fax # _____
9. Specify the District in which name to be placed on Roll of Advocates _____
10. Date of Enrolment (As an Advocate) : _____
11. Registration/Ledger No. of Sindh Bar Council: _____
12. If membership of any other Bar Association(s): Please Indicate: _____
13. Place of Practice : _____

Date: _____

 (Signature of Advocate)

ATTESTED BY

MEMBER
 SINDH BAR COUNCIL

OR

PRESIDENT
 CONCERNED BAR ASSOCIATION

1. Note : Please submit two photographs (1 ½ X 1 ½) & CNIC copy alongwith payment slip of Rs. 300/- (Rupees Hundred only) as cost of the Card deposited in the relevant Branch of Habib Bank Limited, in SINDH BAR COUNCIL IDENTITY CARD ACCOUNT.