



## FORM "R"

# SINDH BAR COUNCIL

SINDH HIGH COURT BUILDING (ANNEXE) KAR  
 POST CODE NO. 74200  
 PHONE 99203187 FAX: 99205892  
 E-mail : [admin@sindhbarcouncil.org](mailto:admin@sindhbarcouncil.org)  
 Web Site : [www.sindhbarcouncil.org](http://www.sindhbarcouncil.org)

### RENEWAL APPLICATION FORM

See Rule 51

\* Please read instructions overleaf before filling the form

1. Advocate's Name \_\_\_\_\_  
 (As per Licence of Sindh Bar Council) (BLOCK LETTER)

2. S/o, D/o. W/o: \_\_\_\_\_

3. Registration / Ledger No. of Sindh Bar Council: \_\_\_\_\_

4. Date of Birth : \_\_\_\_\_  
 (As per Matriculation Certificate)

5. CNIC No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Present Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

7. Date of Enrolment (As an Advocate) \_\_\_\_\_

8. Specify membership of the District Bar Association: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Advocate)

**Note: Please submit the following documents in support of Application:-**

1. Two Photographs of (1 1/2 x 1 1/2).
2. Payment slip of Rs: 3,000/- towards Benevolent Fund.
3. Payment slip of Rs. 200/- towards Renewal fee.
4. Copy of N.I.C.
5. District Bar Association Clearance Certificate

#### FOR OFFICE USE

S-No. \_\_\_\_\_

Date \_\_\_\_\_