

Death Form

To
The Chairman,
Trustee Committee
Bar Council of Punjab and Haryana,
Law Bhawan , Dakshin Marg, Sector 37-A,
Chandigarh.

Subject: Application for Providing financial assistance from Welfare Fund (PHAWF) in
Case of deceased Advocate Sh. _____

Sir,
I/we _____ wife./son/daughter/father the dependants of the
deceased Advocate Sh. _____

1. Name of Applicant/s:
2. Present Address :-
3. Relationship with the deceased
Advocate
4. Age of each Applicant:-
5. Name of the Deceased Advocate :
6. Date of Birth & Age of the deceased
Advocate
7. Enrolment No. and date of enrolment
(Original Enrolment Certificate & I/card
be enclosed) in case I/card & Enrolment certificate
lost then affidavit to this effect be attached:
8. Cause of death :-
9. Date of Death (Death Certificate be Enclosed:-
10. Whether he was Member of any Bar
Association (a Certificate from the President of
concerned) Bar Association to be attached
11. Place of Practice :-
12. Whether the Advocate had contributed
to welfare Fund (Stamps)
13. Whether Bar Association is recognized
Under Punjab Haryana Advocate Welfare
Rules, 1998 Or not. :-
14. Whether he was engaged gainfully
employed in any service, profession or business:
if so, give details:-

15. Have the applicant, succeeded to the estate of the deceased, if so, give details of the Moveable & Immovable property:-
 - a. Description and Estate and Measurement:-
 - b. Extent of the property
16. Was the deceased insured with any Insurance company
If so, the amount insured and receipt of amount, if any:-
17. Whether the applicant, presently gainfully Employed in any trade, practice, or Service, Profession/ Business.
18. Whether the applicant has received or lodged any claim before any authority in relation to death.
19. Annual Income from all sources:
20. Whether the applicant holds any movable & Immovable Property include Bank Balance:
21. Whether the deceased was income tax Assesse if Yes, accompany copy of Last return, filed.
22. Was the deceased drawing any pension, if yes, whether family pension permissible.
Under Rules, if yes, give details.

Signature of the applicant

Place:

Dated:

I, further certify that the above particulars furnished by me are true and correct to the best of my knowledge, no part therein is false and nothing has been concealed.

I, further undertake to furnish indemnity bond which is attached, separately.

Place:-

Signature of the applicant

Dated:

References of two Advocates of Bar Association

Reference No. 1

1. I, personally know the deceased Advocate Sh. _____ for the Last _____ years who was regular in practice and also conversant with Financial health of the applicant and to the best of my knowledge the above said, details furnished by the applicant, are correct & testify the same.

Signature of the Advocate
Enrolment No. P/

Full Name of the Advocate

Address & Ph. No.

Reference No. 2

2. I, personally know the deceased Advocate Sh. _____ for the Last _____ years who was regular in practice and also conversant with Financial health of the applicant and to the best of my knowledge the above said, details furnished by the applicant, are correct & testify the same.

Signature of the Advocate
Enrolment No. P/
Full Name of the Advocate
Address & Ph. No.

Verification of the President of Bar Association

3. I, have gone through the contents of the above said declaration, as per attestation of the two members of the Bar and on my personal verification the declaration is found to be true & correct as well as well genuine and bonafide I, recommend financial assistance to the applicant.

Seal of the Bar Association

Signature of the President
Bar Association _____
Enrolment No. P/
Address & Ph. No.

Comments of Member Bar Council

Specimen

CERTIFICATE FROM THE BAR ASSOCIATION

This is certify that the particulars furnished by the family of the deceased Advocate Sh. _____ are true to the best of my knowledge, belief and information.

Sh. _____ Advocate, since deceased was the Member of the Bar Association and had been actively practicing at _____ Distt. _____ Having enrolled on _____ with enrolment No. _____ and was aged about _____ years, when he/she died on _____.

The family of the deceased is in need of financial assistance, as I have fully verified all the facts about his financial position of the family. So I, strongly recommend this case for providing financial help under Punjab Haryana Advocates Welfare Fund Rules, 1998.

I further certify that Sh. _____ had been contributing to the Welfare Fund by affixing the stamps and his name is entered at Sr. No. _____ in the list maintained by Bar Association.

Place:-

Date

Seal of the
Bar Association

Signature of the
Signature of the Bar Association

Recommendation of
Member Bar Council

Signature

Specimen

(To be typed on Rs. 15/- non Judicial Stamp paper and attested by the Notary Public)

**This deed of indemnity bond is executed this _____ day
of _____ by 1. _____ 2.
_____ 3. _____**

wife/son/daughter/brother/mother/father of the deceased Advocate

Sh. _____

Residing at _____

(hereinafter called the applicant) in favour of Trustee Committee of Bar Council of Punjab and Haryana having its office at the office of Bar Council of Punjab & Haryana, Chandigarh.

Whereas, the above said applicant/s has / have applied for the financial assistance to the said committee which has to consider the claim of the applicant/s and pass, after necessary enquiry, order for grant of financial assistance.

Whereas, it has become necessary to file the indemnity bond as required under the rules.

The applicant/s has / have executed this indemnity bond in favour of the Trustee Committee, agreeing to indemnify the payment made towards such financial assistance to applicant/s by the committee in the event of the amount so paid has been obtained by the applicant/s by fraud mis-representation, false claim and further agreeing that the applicant/s shall be liable for all the consequences arising out of such fraud, mis-representation and false claim.

In witness whereof the applicant/s has/ have set his/her / their hand and signature on _____

**Signature
Witness No. 1.**

**Signature of the
Applicant/ s.**

**Name and address
Witness No. 1.**

**Signature
Witness No. 2.**

**Name and address
Witness No. 2.**