

**BAR COUNCIL OF UTTARAKHAND
Estt Fund for Accident & Death Claim 2010**

DEATH CLAIM FORM

To,
The Secretary
Bar Council of Uttarakhand
High Court Campus, Nainital

PHOTO

Sir,

I/we here/under furnish the particulars required for death claim of Shri

1. Name of advocate (In Block letters) :
2. Father's Name :
3. Date of Birth :
4. Permanent Address :
5. Ordinary place of practice :
6. Date of Enrolment : (i) UK..... (ii) UP.....
7. Registration No in scheme :
8. Date of Death :
9. Amount Claimed :
10. Amount received by the
deceased as financial assistance
in his lifetime (if any) :

I/we the nominee/legal heirs of the deceased Shri
do hereby declare that the contents of this claim form are true to my/our personal knowledge. I/we request
that the claim amount be given to the applicant/s.

Encls :

Applicant/s
Nominee/legal heirs
of the deceased

Verification by the Bar Association

Verified that Shri advocate practicing at
has expired on and applicant/s are his nominee/ legal
heirs.

President/Secretary
Bar Association