

Form V

[See Rule 7 (1)]

To,

The Sec. U.P. Adv. Welfare Fund Trustee

Committee/Principal Secretary Law

Camp Office: Darul Shafa, Vidhayak Niwas-2

“B” Block, Suit No. 24, Lucknow

Application for payment from the advocate Social Security Fund

Under The U.P. Advocates Social Security Fund Scheme, 1989

- 1 Name, age and address of the applicant.....
- 2 Name of the member.....
- 3 Name and date of Certificate of the member.....
- 4 Reason for payment from the fund.....
- 5 If the applicant is other than the member
 - (1) State the applicant’s right in which he.....
Is entitled to receive payment from the
Fund
 - (2) Note-Documentary proof of any, of the
Right be filed along with the applications.
 - (3) Give the particulars of the family or other
Near relative of the member and their
Respective addresses

Place

Signature of the Applicant

Date