

FORM V

(See Rule 7(1))

Part I

Application For payment from the Uttarkhand Advocates
Social Security Fund, Dehradun

1. Name, Age and Address of the
Applicant (in Block Letters)
.....
2. Name of Member
3. Number and Date of Certificate
of the Membership
4. Reason for payment from the
Fund.
5. Applicant's Account No.
IFSC Code.....
5. If the applicant is other than
the member.
 - (i) State the applicant's Right
in which heis entitled
to receive payment from
the Fund.
 - (ii) Note- Deocumentary proof
of any, of the right be filed
alongwith the applications.
 - (iii) Give the particulars of the
family or other near relatives
of the member and their
respective Addresses.

Place :-----

Date:-----

Signature of the Applicant

1. Claim Form
2. Member ship Certificate original
3. Affidavit.
4. Adhar photo copy

Death Case

1. Claim Form
2. Member ship Certificate original
3. Death Certificate
4. Affidavit Nominee
5. No objection affidavit
6. Adhar photo copy Nominee