

**AZAD JAMMU AND KASHMIR BAR COUNCIL
SECRETARIATE MUZAFFARABAD (A.K)**

FORM-C CLAIM UNDER CHAPTER (iv) UNDER RULE 7.4

Name of Advocate _____

Date of Birth _____

(Attach death certificate attested by the member Azad Jammu and Kashmir
and Kashmir Bar Council /President Bar Association)

Name of Nominee _____

Signature

Permanent Address _____

Present Address _____

Signature

Attested
Member Azad Jammu and Kashmir
Bar Council