



**AZAD JAMMU AND KASHMIR BAR COUNCIL**  
**SECRETARIAT MUZAFFARABAD A.K**

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

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

(Attached death certificate attested by member  
Azad Jammu & Kashmir Bar Council/President Bar Association)

Name of Nominee \_\_\_\_\_

**SIGNATURE**

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

**ATTESTED**

Member Azad Jammu & Kashmir Bar Council