## LAWCARE MALAYSIAN BAR BENEVOLENT FUND APPLICATION FORM

## **Applicant / Beneficiary** (Member or former member of the Bar)

Name		NRIC New Old	No. : :	
Address				
Admission			te of	
No.		Ad	lmission:	
Name, & Address of last firm you practiced at				
Status	* Consultant / Partner / Legal A	Assistant	t	
Date of Cessation Of Practice & Reason	/ / (dd/mm/yy) / still co *Retirement / incapacity / others Particulars of reason:	ontinuing	g	
Total levies paid to LawCare	Ringgit Malaysia Documentary proof attached:			
Particulars of Spouse & Children	Name IC N	<u>Го</u> .	<u>Age</u>	Occupation

<sup>\*</sup> Delete as appropriate

## PARTICULARS OF BENEFIT/FINANCIAL ASSISTANCE APPLIED FOR

Nature of assistance  $^{*}$  Death benefit / Loan / One-time Grant / Periodical Grant Amount required RMHow & when Required (please specify the grounds for your application and attach supporting Reason Required documents)

## APPLICANT / BENEFICIARY'S SCHEDULE OF ASSETS

Title Particulars & Address of Property	Description of Property (Terrace House, Condominium, Flat, Bungalow, etc.)		Interest Share		Encumbrar If any ( give details		Current Value
Motor Vehicle owned	( Please list )						
Registration No	Date of Manufacture		Make & Encumber		Encumber	ed ?	( give details )
All Stocks, Shares & Unit Trusts owned ( Please List )							
Company			value per hare			Current value	
		3.			give detaile;		

Insurance Policies. (Please List)							
Insurance Company	Policy No		Kind of Policy	M	aturity Date	Face Value	
Cash & Savings includ	ing EPF	and Fixe	ed Deposits				
Where Placed		Description ( Including Account No & Details)			Amount		
Any other Personal Property whose value exceeds RM10,000.00. (Please list)							

APPLICANT'S / BENEFICIARY'S DEPENDANTS					
Name	Relationship	Age	Occupation	Monthly Cost	

APPLICANT'S / BENEFICIARY'S MONTHLY COMMITMENTS								
Payment to For			E	Ending		Amount		
APPL	ICANT'S / BENE	FICIARY' ENT MON			TAMIT	ΓED		
From Practice	From Interest on FD / Savings ( give details )	From Di		Rent (Property Particulars)	Pei	nsion	Others	
APPLICANT'S / BENEFICIARYS / SPOUSE								
Name	IC No	Occupa	tion	Monthly Inco ( Give full detail	s)	Ass	alue of sets / details )	

		( name ) holder of NRIC Noof				
	and sincerely affirm and	,				
1.	* I make this applicatio	n on my own behalf.				
2.	* I act for the Beneficiary abovenamed and am lawfully authorized to make this application on his / her behalf.					
3.	I confirm the veracity of contained.	of the particulars and information above				
		)				
I make th	nis declaration etc. etc.	)				
		)				
Before m	ne:	)				
		)				
		)				

Please enclose with your application photocopies of your latest pay slip ( if any ), EPF statement, latest income tax return ( form J ) and your bank statement and savings account pass books.

\* delete as appropriate