

PESHAWAR HIGH COURT BAR ASSOCIATION, PESHAWAR

Application for grant of Advocate Identity Card

Name _____

Father Name _____

CNIC No _____

Cell No _____

Blood Group. _____

Date of Birth _____

Address _____

VERIFICATION

It is verified that I Mr./Ms. _____ (the applicant) is a member of the Peshawar High Court Bar Association Under Registration No. _____ and has deposit Rs. _____ in A/C # **2000693025** Titled Peshawar High Court Bar Association, Bank of Khyber PHC Branch.

Signature of Advocate

OFFICIAL USE

Old Card

Date of Issue _____ Date of Expiry _____

New Card

Date of Issue _____ Date of Expiry _____

Signature of Accountant

Decision _____

Signature of Secretary General

Signature of President

Date ____/____/20