

PESHAWAR HIGH COURT BAR ASSOCATION, 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