

Mobile-Email Details Form for Advocates for register in CIS Database (Form-I)

(Please use Capital Letters only)

Court Complex:			
District:			
Advocate Name			
	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth *			
	DD	MM	YYYY
Bar Council Registration Number*			
Residential Address			
Office Address			
District*			
Email*			
Mobile No.*		Phone Office	
Phone Residence		Fax No. (If, available)	

Date:

Signature of Advocate