



Bangladesh Bar Council

Voter Information Form

Advocate Name:
(In Block Letter)

Father's Name:

Mother's Name:

Address:

Date of Enrollment:

High Court Permission Date:
(If permitted)

Bar Name:

Sanad No:

Mobile No:

Date of Birth:

NID No:

Attach a Passport
Size Photo here

Staple a Passport
Size Photo here

Advocate Signature
with Date