

4-A, D	Diwali Darshan B	uilding, M.G. Road, Borivali ((E), Mumbai -	66. T	el. : +91-22-2892 5	612/+91-22-5690 76	78. Email :	support	@asanjokutch.com		
FOI	RM NO.	F-				DATE					
AGEN	IT CODE	DIRECT	А	GEN	IT NAME		D	IRECT			
MANA	AGER CODE	DIRECT	M	1AN/	AGER NAME		С	IRECT			
(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)											
FAMILY MEMBERSHIP FORM											
		PERSO	NAL DET	AIL	S - HEAD OF	THE FAMILY	7				
NAME MNAME SURNAME											
CATE	NAME			1*11	INAIME		301	KINAME			
AGE	GORY (GYN)	BDATE	M/F			BLOOD GROU	ID		ONOR YES/NO		
	IFICATION	DUATE	1.1/1		OCCUPATION	BLOOD GROC	71		011011 125/110		
	ERS NAME				AGE						
	IERS NAME			AGE							
	Y NAME				//GE	VADO NAME					
VILLA				FAHRIYO	VADO NATE						
KULDEVI											
		F	PERSONA	\L D	ETAILS OF S	SPOUSE					
		NAME			MNAME		SUF	RNAME			
AGE		BDATE	M/F			BLOOD GROU	ID		ONOR YES/NO		
	IFICATION	DUATE	111/1		OCCUPATION	BLOOD GROC	7		01101		
					AGE						
FATHERS NAME MOTHERS NAME					AGE						
FAMILY NAME					VILLAGE						
VADO NAME			FAHRIY	(0	. 122 (02	I	ANNIV.	DATE			
DETAILS OF SONS AND DAUGHTERS											
NO.		NAME	M/F	AG		E OF SPOUSE	ARE	-A	TEL. NOS.		
1.			1.,,				, (
2.											
3.											
4.											
5.											
6.											
7. 8.											
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9. 10.

RESIDENTIAL ADDRESS Page 2-4										
ADDF	RESS									
				CITY	,					
AREA				CITY						
STAT			1		CODE					
TEL.		L D D D C C		EMA	IL ID.					
		ADDRESS								
NAME	OF THE	COMPANY								
ADDF	RESS									
AREA				CITY	/					
STAT	E			PINC	CODE					
TEL.	NOS.			EMA	IL ID.					
				FAX	NO.					
NAT	VE PLA	CE ADDRESS	1	I		1				
TEL.	NOS.									
VILLA			FAHRIYO				T	ALUKA		
STAT								INCODE		
			DETAILS	S OF BROT	HERS & SI	STERS				
NO.		NAME	M/F	AGE		GE OF SPO	NISE	AREA	Т	EL. NOS.
1.		10/11/2	1 1/1	/\CL	VILLY	32 01 01 0	7002	AKLA	- ''	-L. 1405.
2.										
3.										
4.										
5.										
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7.										
8.										
9.										
10.										
A PERSONAL DETAILS OF CHILDREN										
NAME MNAME SURNAME										
AGE		BDATE	M/I		BLOOD	GROUP			DONO	R YES/NO
QUAI	LIFICATI	ON	OCCL	JPATION			MARI	TAL STATUS		
RELA		HEAD OF THE FAMIL								
AS DETAILS OF THE SPOUSE										
		N. A. N. A. E.		MNAM				CLID	N. A. N. A. E.	
NAME M AGE BDATE M/F						CDOUD		SUR	NAME	R YES/NO
	IFICATI		BLOOD	GROUP			DONO	R TES/NO		
QUALIFICATION OCCUPATION RELATION TO HEAD OF THE FAMILY ANNIV. DATE										
RELATION TO HEAD OF THE FAMILY FATHERS NAME VILLAGE FAHRIYO										
MOTHERS NAME										
DETAILS OF THE CHILDREN										
NO.		NAME	BDATE	GEND		JALIFICAT	ION	BLOOD	GROUP	DONOR
AC1.										YES/NO
AC2.										YES/NO
AC3.										YES/NO

В	B PERSONAL DETAILS OF CHILDREN Page 3-4											
NAME					MNAME			SURN	IAME			
AGE		BDATE			M/F		BLOOD GROUP			DONO	R YES/NO	
QUAL	IFICATION				OCCUP	ATION		MARIT	TAL STATUS			
RELATION TO HEAD OF THE FAMILY												
BS DETAILS OF THE SPOUSE												
	1	NAME			Т	MNA		SURNA	SURNAME			
AGE		BDATE			M/F		BLOOD GROUP	<u>' </u>	DONOR YES/NO			
	IFICATION				OCCUP	ATION				·		
	TION TO HE	AD OF TH	IE FAMILY						ANNIV. DATE			
	ERS NAME					VILLA	GE		FAHRIYO			
MOTH	IERS NAME											
NO		NIA NA E					CHILDREN	TION	DI OOD G	SD OLID	DONOR	
NO.		NAME		В	DATE	M/F	QUALIFICA	ATTON	BLOOD G	ROUP	DONOR	
BC1.											YES/NO	
BC2.											YES/NO	
											YES/NO	
C PERSONAL DETAILS OF CHILDREN												
		NAME				MNA	ME		SURNA	ME		
	T	Т					ı	T		Т		
AGE		BDATE			M/F		BLOOD GROUP			DONO	R YES/NO	
				OCCUP	ATION		MARI	MARITAL STATUS				
RELATION TO HEAD OF THE FAMILY												
	CS				DETA	ILS OF	THE SPOUSE					
									0110114			
4.05	I	NAME				MNA	1	. 1	SURNA		VEC/NO	
AGE	TETCATION	BDATE			M/F	ATTON	BLOOD GROUP	'		DONO	R YES/NO	
	IFICATION	AD 05 TI	IE EABATIN		OCCUP	ATION				I		
RELATION TO HEAD OF THE FAMILY ANNIV. DATE SALIDIVO												
FATHERS NAME VILLAGE FAHRIYO												
MOTHERS NAME												
NO T	NO. NAME BDATE M/F QUALIFICATION BLOOD GROUP DON								DONOR			
		NAME BDA		JAIL	M/F	QUALIFICA	NI ION	BLOOD G	ROUP	DONOR		
CC1.			+								YES/NO	
CC3.											YES/NO	
ccs.											YES/NO	

TERMS & CONDITIONS

- 1.MEMBERSHIP FEES ARE NON REFUNDABLE AND NON TRANSEFRABLE UNDER ANY CIRCUMSTANCES.
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- 7. ALL CORRESPONDENCE SHOULD BE MADE ALONG WITH YOUR CODE NO. (FAMILY FORM NO.) 8. ONLY PASSPORT SIZE PHOTOGRAPHS WILL BE ACCEPTED.

		DITIONAL DETAILS (OPTION	NAL)	Page 4-4						
MEDICLAIM DONE	YES / NO									
LIFE INSURANCE ANY VEHICLE										
ANY CREDIT CARD	IF YES- VISA/MA	STER/AMERICAN EXPRES	 SS							
COMPUTER AT HOME			MPUTER AT OFFICE	YES / NO						
ANY ADDITIONAL INF	<u> </u>		-							
I/We hereby declare that we have rread the terms and conditions and I/We on our own have furnished the details filled above. I/We understand that this information is going to be made available to the public on the internet, and that I/We will not hold responsible AsanjoKutch.com for any misuse of this information by anybody else. I/We also state that the information is true to the best of my knowledge while giving to Asanjokutch.com. I/We also understand that this information is sole property of Asanjokutch.com, and it can be used for any promotional activity in any form of media by Asanjokutch.com and that I/We don't have any objection over for the use of this information by Asanjokutch.com.										
FORM NO. F-										
AGENT CODE	DIRECT	AGENT NAME	DIREC							
MANAGER CODE	DIRECT	MANAGER. NAME	DIREC	<u>T </u>						
			Rs							
Cheque/D.D number		Drawn on Bank								
(Payment to be made b	y account payees in fa	vour " M/s. Asanjokutch.com	")							
Date			SIGNATURE OF	APPLICANT						