



## JMA KARDHAL HASANA JANAZA FUND REGISTRATION FORM

FULLNAME	
NICK NAME	
ADDRESS	
POSTCODE	
MOBILE	
HOME	
EMAIL	
EMERGENCY CONTACT	
NEXT OF KIN	
SRI LANKAN ADDRESS (OPTIONAL)	

NOTES

FULLNAME	RELATIONSHIP	DOB	SEX

**By signing this form, I hereby agree the terms and conditions.**

**Signature:** ..... **Date:** ..... / ..... / .....

<i>FOR OFFICE USE ONLY</i>	
MEMBERSHIP NO	
AREA	
DATE	