



JMA KARDHAL HASANA JANAZA FUND REGISTRATION FORM

| | |
|---|--|
| First Name | |
| Last Name | |
| Address | |
| Post Code | |
| Mobile | |
| Email | |
| Emergency Contact | |
| Next of Kin (Name & Contact) | |
| Additional Details: | |
| | |

Family Members

| Full Name | Relationship | DoB | Sex |
|-----------|--------------|-----|-----|
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I hereby agree the terms and conditions (circle your answer): YES / NO

Signature:

Date:/...../.....

For Office Use Only

| | |
|-----------------------|--|
| MEMBERSHIP NO. | |
| REFERRED BY | |
| AREA | |
| DATE | |