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KNOW YOUR CUSTOMER

Customer Name	_____
City, State, Zip	_____
Address	_____ _____ _____
Phone No.	_____
Mobile/Cellphone No.	_____
E-mail ID	_____
Dropped Name	_____
DOB No.	_____
Place No.	_____
Total Contribution	_____ (B.O.B)
Membership No.	_____ MEM _____ Total Paid
Total Service Fee (After Discount)	_____
Banking Account	_____ Yes
Money Received No.	_____
Bank Name	_____

I hereby declare that the information provided above is true and correct. I agree to pay the service fee as mentioned above.

Customer Signature

Customer Signature