



HELPFUL HANDS FOUNDATION^R

Non-Governmental Organisation(NGO)

MEMBERSHIP FORM



This Information Is The Sole Property Of Helpful Hands Foundation And Would Not Be Disclosed To Any One Unless Required By Law Or Except With The Express Permission Of Member
Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

A.IDENTITY DETAILS			
1. Name of the Applicant :			
2. Father's/ Spouse Name :			
a. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	b. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married
d. Nationality		e. Status	<input type="checkbox"/> Resident Individual/ <input type="checkbox"/> Resident Family/ <input type="checkbox"/> Foreign National
f. PAN		g. AADHAR	
h. Specify The Proof Of Identity Submitted :			i. Blood Group:
j. Date of Issue :		k. Valid Till :	
B.ADDRESS DETAIL		B.NOMINEE DETAIL	
1. Permanent Address:		4. Nominee Name:	
City:		Relationship:	
Pin Code:		City:	
State:		Pin Code:	
Country:		State:	
Contact Details:		Contact Details:	
Mobile No:		Mobile No:	
Email Id:		Email Id :	
3.Specify the proof of address submitted for Permanent address:		5. Specify the proof of address submitted for Nominee address:	
C. INTRODUCER DETAILS			
1. Name of the Applicant:		3. Mobile:	
2. Member Id Number:		4. Email:	
3.	SIGNATURE OF INTRODUCER		

MEMBERSHIP CATEGORY

PLATINUM <input type="checkbox"/>	GOLD <input type="checkbox"/>	SILVER <input type="checkbox"/>	CLASSIC <input type="checkbox"/>
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DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I have read and agreed to the terms below. I Hereby Don't Hesitate To Inform Helpful Hands Foundation That I Will Never Blame Or Claim in Present or in Future For Any Reason Or Under Any Circumstances

Name

Signature

Date:
(DD/MM/YYYY)

FOR TRUST USE ONLY

Serial Number

Membership Code

Receipt No

(Originals verified) True copies of documents received

(Self-Attested) Self Certified Document copies received

FOR HELPFUL HANDS FOUNDATION

Date

Authorized Signatory

TERMS:

- Applicant hereby acknowledge and agree that, by signing this application he signify understanding of agreement which is not under any circumstances or nor any pressure.
- Applicant understands that application can be denied, Helpful Hands Foundation, has no obligation to furnish the reason for such rejection.
- Applicant acknowledges that in case of issuance of membership card, he holds himself jointly and severally responsible for all obligations and liabilities.
- Applicant hereby authorize Helpful hands Foundation, can report Applicant's name in the negative listing of any bureau or institution in case of any circumstances.
- Applicant cannot hold any sort of power in administrating department
- Helpful Hands Foundation has the Rights to Terminate Membership immediately, If any Member Indulged in any sort of illegal activity which against Indian Law and Culture.