



FRIENDS OF KANNUR KUWAIT EXPAT'S ASSOCIATION

(Registration : Indian Embassy INDEMB/KWT/ASSN/37, Norka Roots KWT/09/102)

APPLICATION FORM FOR MEMBERSHIP AND WELFARE FUND

Membership ID No :

Full name :

Present Address

Permanent Address

Passport No :

Civil Id No :

Blood Group :

Contact Number (Kuwait)

Contact Number (India)

Mobile :

Mobile :

Res. Phone :

Res. Phone :

Office Phone :

Office Phone :

Email Id :

Name of Company :

Profession :

Company Address :

Family Information

Status : Married

Single

Family in : Kuwait

India

Name of Spouse :

Number of Children :

Name of Father :

Name of Mother :

Emergency Contact Information

Name:

Name :

Other activities :

Name & Phone number of the introducing member :

I, hereby declare that the above information is true and complete and that I will promptly notify the association of any change in the information. I have read and understood the rules and regulations of the association and accept the same

Name & Signature :

Area :

Unit :

Date :

For Office use Only :

Type of Membership : Family

Single

Admission Fee : 2 KWD

Collected on :

Area Convenor :

Approved on :

Gen. Secretary :

Remarks :



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APPLICATION FORM FOR MEMBERSHIP AND WELFARE FUND

Membership ID No :

Full name :

Member Welfare Fund

Information of Nominee(s) / Legal Heir(s)

(Note: For married members the spouse shall be the default nominee)

Sl No.	Name and Address	Relationship
1		
2		
3		

I, hereby declare that I read and understood the rules and regulations for the Members Welfare Fund Scheme (MWF) of the Friends of kannur Kuwait Expat's Association and shall be abiding by the same. I also agree that in case of any dispute regarding nominee, the decision of the FOKE Managing Committee shall be the final.

Name & Signature:

Date: