



# AKMG EMIRATES SOCIAL SECURITY SCHEME

## APPLICATION FORM

### For Office Use

SSS.No.....  
AKMG M.No.....  
Chapter.....  
Date.....

(Please read the instructions overleaf. Incomplete Application forms will be returned. PLEASE USE CAPITAL LETTERS)

1. Name

2. Address in UAE  
(Correspondence)

3. Address in INDIA with  
Pin Code

4. Tel # in INDIA with STD Code

5. Passport Number &  
Date of Expiry(DDMMYYYY)

6. Father's/ Husband's Name

7. Date of Birth and Age  
(DDMMYYYY 00)

8. Spouse Name

9. Tel Nos in UAE (M)  (O)

(R)  Fax

10. Date of Joining AKMG &  
Life Member No.

11. E-mail address

12. Name Of Nominee  
& Relationship

13. Address of Nominee in INDIA

14. Tel # of Nominee in  
INDIA with STD Code

15. Signature of Nominee

### Declaration

I, the undersigned, hereby apply for the membership of the Social Security Scheme of AKMG Emirates. I declare that I am not suffering from any terminal illness at present. I do hereby declare that all answers given above are true. I further agree to abide by the conditions laid down in the constitution of the Scheme. I agree to pay all annual dues and fraternity contributions regularly and in time. I understand that I may lose my membership (i) if I do not pay the prescribed fees from time to time (ii) if I cease to be a member of AKMG Emirates, and,(iii) if I do not pay back any loans that I have taken/stood guarantee for from the scheme.

Name.....Date.....Signature.....

