



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	<input type="text"/>
2. Address in UAE (Correspondence)	<input type="text"/> <input type="text"/>
3. Address in INDIA with Pin Code	<input type="text"/> <input type="text"/> <input type="text"/>
4. Tel # in INDIA with STD Code	<input type="text"/>
5. Passport Number & Date of Expiry(DDMMYYYY)	<input type="text"/>
6. Father's/ Husband's Name	<input type="text"/>
7. Date of Birth and Age (DDMMYYYY 00)	<input type="text"/>
8. Spouse Name	<input type="text"/>
9. Tel Nos in UAE	(M) <input type="text"/> (O) <input type="text"/> (R) <input type="text"/> Fax <input type="text"/>
10. Date of Joining AKMG & Life Member No.	<input type="text"/>
11. E-mail address	<input type="text"/>
12. Name Of Nominee & Relationship	<input type="text"/>
13. Address of Nominee in INDIA	<input type="text"/> <input type="text"/>
14. Tel # of Nominee in INDIA with STD Code	<input type="text"/>
15. Signature of Nominee	<input type="text"/>

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.....

