

ESTD. 1842



GHOGHARI LOHANA MAHAJAN, MUMBAI

(PUBLIC TRUST REG. NO. A-1586-B)

Lohana Bhuvan, Paliram Road, Andheri (West), Mumbai - 400 058.

Phone : 022-2628 37 15 • Email : secretary@sglm.in • Website : www.sglm.in

INTEGRITY | INTELLECT | TRANSPARENCY



KNOW YOUR MEMBER (KYM) FORM

Membership No. : _____

Issued Date : _____

KYM No. : _____

Received Date : _____

Aadhar Card No. : _____

APPLICANTS DETAILS

Head of the family Full Name : _____

Native Place : _____ Date of Birth : _____ Age : _____

Residence Address : _____

Telephone No. : _____ Mobile No. : _____

Email ID (Self / Family Member) : _____

Occupation (Self Employed / Business / Employee) : _____

Occupation Address : _____

Telephone No. : _____ Mobile No. : _____

Family Details :

Total No of Members in the Family : _____ Total Earning Members in the Family : _____

Total Monthly Income of Family (INR) : _____

| S. No. | FULL NAME | AGE | OCCUPATION | MONTHLY INCOME | RELATIONSHIP |
|--------|-----------|-----|------------|----------------|--------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

Please attach the xerox copies of the following with your application (Bring originals for verification)

- Last 6 months electric bills, Telephone Bills, Mobile Bills, Society Maintenance Bills & Rent Receipt.
- Last F.Y. Year's Salary Certificates of earning members and Income tax return of last F Y if available.
- Bank statement of each family member for last six months.
- Original cancelled cheque of applicant.
- PAN and Aadhar Card.
- Photos of all member.

Are you taking aid from any other Trust ? If yes mention name of Trust _____

Purpose of Aid : _____ Amount of Aid : _____

Contact Person : _____ Contact Person Tel. No. : _____

DUAL MEMBERSHIP DECLARATION

I undersign MR / MRS / MS _____

Hereby declare that my Family and I enrolled with SHREE GHOGHARI LOHANAN MAHAJAN - MUMBAI as member and our Membership No. is _____ We do not subscribe to Membership of other Mahajan.

Applicant Signature

FOR OFFICE USE

KYM comments as per documents submitted

KYM comments as per personal visit (If required) by

- 1)
- 2)
- 3)

Signature of KYM Committee

- 1) _____
- 2) _____
- 3) _____

Aid Granted for

Aarthik _____

Medicine _____

Hospital _____ Date _____

School _____ Date _____ No. of Student _____

College _____ Date _____ No. of Children _____