

THE SAFE TRUST OF INDIA

State Admn. off :
No. 1, 2nd Floor, Chitra Complex,
Trichy - 620 002. Ph : 0431 - 2701406.



APPLICATION FOR ENROLLMENT FORM QSD

IDENTITY No.

APP. No.

For Office Use Only

App. Received	Payments By
Enl. No.	Bank :
L/F No.	
Notes :	

To.
THE CHIEF EXECUTIVE, THE SAFE TRUST OF INDIA,

Dear Sir,

On the basis of **THE SAFE TRUST OF INDIA'S** prospectus and having understood about its "**GNOSIS MOVEMENT**" and the "**Society Participation for Endanger Eradication Drive**" - "**SPEED**", I hereby apply for enrollment of myself as its member. I furnish my personal details for enrollment in the following schedules along with the Demand Draft towards requisite contribution amount. I unconditionally bind myself by the terms, conditions, regulations and Codes stipulated or otherwise to be stipulated in time to time by the Trust Management. I note that the Trust Management is entitled in its absolute discretion to accept, reject, suspend or modify my proposal for membership. I confirm that I am competent to contract. My affiliation with the Trust shall be for "**SOCIAL CAUSE**" on the basis of "**UTMOSTGOODFAITH**" and compliance with sec. 9 and sec. 11 of the Indian Trust's act 1882. I understood that the judicial territory of the Trust comes under where the registered office or/and the state administrative of the trust come under.

Date :

Place :

Signature of the member (applicant)

(PLEASE FILL IN BLOCK LETTERS) SCHEDULES

I am applying for the affiliation of myself with The Safe Trust of India's "**GNOSIS MOVEMENT**"

My personal datas are as follows:

Name :

Father's Name :

Husband's Name :

Mother's Name :

Nominee : age :

Relationship :

Date of Birth : age :

Height : Weight :

Identification Marks / Blood group :

1

2

My Social Activities :

Mailing Address :

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Phone No. : Cell No.

E-mail Id :

Permanent Address :

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Educational Qualification

Occupation :

Working in :

Monthly Income Rs.

FOR OFFICE USE ONLY

Verified

Processed

enrolled