



**Corp. Office:** Infinity Tower 'A', IInd Floor, DLF City II, Gurgaon - 122 001, Haryana, India  
Phone: +91 124 4389101 [www.saharacarehouse.in](http://www.saharacarehouse.in)

## MEMBERSHIP FORM

Dear Sir,

I Undersigned, request Sahara Care House, that please allot me the Membership, as per the company's term and conditions, which I have Understood and will abide by the same as stipulated by your company.

I further agree to sign and execute any necessary agreement, as and when desired by the company on the company's standard from.

I remit here with a sum of Rs. \_\_\_\_\_

Draft Pay order No. \_\_\_\_\_ Dated \_\_\_\_\_

Draw on, \_\_\_\_\_ Bank, Payable at Gurgaon (Haryana) against registration for Sahara Care House Membership fee.

My/our particulars as mentioned below may recorded for reference and communication.

1. Mr/Mrs/Ms. \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_
3. S/W/D/H/F of \_\_\_\_\_
4. Nationality \_\_\_\_\_
5. Local Address \_\_\_\_\_
6. Permanent Address \_\_\_\_\_
- \_\_\_\_\_
7. Telephone \_\_\_\_\_
8. E - Mail \_\_\_\_\_ 9 Mobile \_\_\_\_\_
10. Bank A/c No \_\_\_\_\_ Bank Name \_\_\_\_\_ Branch \_\_\_\_\_
11. Income Tax Permanent account (Pan) No. \_\_\_\_\_
12. Introduction Name & ID \_\_\_\_\_ Applicant should join in Left \_\_\_\_\_ Right \_\_\_\_\_

.....✂.....

**13. Beneficiary Details:** (If Applicable) Please Mention Nominee in case of insurance not application for the purpose of incentive earned

S. No.	Name	Relation	D.O.B	Nominee (for personal accident)	Photograph (Stamp Size)
1.		Self			1.
2.		Spouse			2.
3.		Child (Below 21 years)			3.
4.		Child (Below 21 years)			4.

\* for terms & conditions of membership please refer to terms & condition booklet or visit our website : [www.saharacarehouse.in](http://www.saharacarehouse.in)

Date: \_\_\_\_\_  
Place \_\_\_\_\_

Signature of the intending application(s)

.....✂.....  
**Receipt Cum Acknowledgment**

Received from MR. /Ms. /Mrs. \_\_\_\_\_ Rs \_\_\_\_\_

by cash /Bank/Draft Pay order No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on, \_\_\_\_\_ Bank, Payable at Gurgaon (Haryana) against Registration for Sahara Care House  
Membership Fee.

**Signature of Authorized Representative**