



Corp. Office: Infinity Tower 'A', IInd Floor, DLF City II, Gurgaon - 122 001, Haryana, India
Phone: +91 124 4389101 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 _____

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13. Nominee's Details

S. No.	Name	Relation	D.O.B	Nominee (for personal accident)	Photograph (Stamp Size)
1.		Self			1.
2.		Spouse			2.

* for terms & conditions of membership please refer to terms & condition booklet or visit our website : www.saharacarehouse.in

Date: _____

Place _____

Signature of the intending application(s)

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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