

پونچھ مسلمون فونرل ایسوسی ایشن
Poonch Muslim Funeral Association

45, Painswick Road,
Hall Green,
Birmingham B28 OHE.

APPLICATION AND DECLARATION FORM

1. PERSONAL DETAILS

- (a) Full name
- (b) Date of birth * Age last birthday *
- (c) Place & country of birth. Father's name.....
- (d) If you were born outside U.K, when did you arrive in the U.K ?
- (e) Permanent address in U.K
.....
- (f) Occupation Tel No.
E-MAIL address

2. FULL ADDRESS IN PAKISTAN

.....

3. DEPENDENT(S)

- (a) (Wife/husband)'s name * Date of birth
- | (b) <u>Other dependents names</u> | <u>Date of birth</u> * | <u>Age</u> |
|-----------------------------------|------------------------|------------|
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4. MEDICAL INFORMATION

Please refer to a separate medical questionnaire on page 3. It is important to read, fully understand and provide the information needed.

5. BURIAL I wished to be buried in (name the country)

6. KNOWLEDGE OF THE ASSOCIATION

How long have you been aware of the existence of this Association ?, and when did you **first** became aware of the existence of the Association ?

* **NOTE : You and your dependents must provide documentary evidence – see section 14**

7. RECOMENDATION Please provide names, addresses and telephone numbers of two members (preferably un-related) who have recommended you to the above Association.

MEMBER 1

Name _____

Address _____

Tel No _____

MEMBER 2

Name _____

Address _____

Tel No. _____

8. FEES (See separate information sheet)

I enclose a registration fee of £ and the annual subscription of £ with this application.

9. IMPORTANT Failure to disclose all material facts and falsify any information to gain membership of the Association will result in cancellation of the membership retrospectively or the Association not being LIABLE.

10. PAYMENT BY STANDING ORDER I agree to pay my annual subscription by setting up a Standing Order mandate as required by the Association (the form will be sent to you on approval of your membership or can be downloaded from the Website).

11. DECLARATION I declare that to the best of my knowledge and belief, the statements made in this application form are true. I also declare that I am applying for the membership of POONCH MUSLIM FUNERAL ASSOCIATION in accordance with the Rules and By Laws as laid down, which I have read or have been explained to me.

12. SIGNATURE OF THE APPLICANT. _____ DATE _____

13. FOR OFFICIAL USE ONLY (Do not write below this line)

The above-named person has been accepted into the Association as a member.

Information Checked By _____ Signature & Date _____

Approved by: _____ Signature & Date _____

14. DOCUMENTRY EVIDENCE * *

- To verify your details, a **copy** of your and your dependant's **passport or a birth certificate** must be included with the application form.
- To verify your address a **copy** of a very recent **utility bill or similar** document must be sent with the application form.

PLEASE NOTE : Your membership will only take affect once this form has been checked, approved, signed and sent back to you – and ALL necessary fees/subscriptions have been paid. The proof of sending **does not** entitle you to an automatic membership.

بَوْحِيْمُ مَسْلُوْمِيُوْنَرُ الْيَسُوْمِيْ الْيَشْنِ

Poonch Muslim Funeral Association

MEDICAL QUESTIONNAIRE

It is important for all members and applicants to provide complete and accurate information regarding their medical history.

The Association reserves the right to seek or request additional information from any source in the U.K, overseas or from family members. In the event of being provided with false information, the Association reserves the right to suspend or terminate membership with immediate effect.

Do you or any of your dependents take any medications on a regular or occasional basis ? Please tick (✓) under your chosen answer in the boxes on the right. If YES, please provide details:	Yes	No
Do you or any of your dependents take any herbal and natural medications ? If YES, please provide details:	Yes	No
Do you or any of your dependent's smoke?	Yes	No
Do you or any of your dependents suffer from Heart-related (e.g. Angina) or circulatory problems (e.g. blood pressure) <u>or any other Heart</u> problems? If YES, please provide details:	Yes	No
Do you or any of your dependents suffer from Asthma, lungs disease or any other respiratory problems ? If YES, please provide details:	Yes	No
Do you or any of your dependents suffer from any kind of Liver, kidney or thyroid problems ? . If YES, please provide details:	Yes	No
Do you or any of your dependents have Diabetes ? If YES, please provide details:	Yes	No
Have you or any of your dependents suffered a Stroke during the last two/three years ? If YES, please provide details:	Yes	No

Do you or any of your dependents suffer from any neurodegenerative disorders (e.g. Parkinson's disease) or Alzheimer's disease? If YES, please provide details:	Yes	No
Have you or any of your dependents received an organ or bone marrow transplant? If YES, please provide details:	Yes	No
Have you or any of your dependents been diagnosed with any other kind of medical condition which is not mentioned above ? If YES, please provide details:	Yes	No
Have you or any of your dependents have been hospitalised for any reason during the last two/three years ?. If YES, please provide details:	Yes	No
Have you or any of your dependents been treated for any disability or cancer ? If YES, please provide details:	Yes	No

<u>DECLARATION</u>
* I/We declare that to the best of my/our knowledge and belief, the statements made in this medical questionnaire are true and accurate.
* I/We confirm that I/we fully understood all the questions and received satisfactory clarifications for any queries.
* I/We also understand that, in the event of receiving any false information, the Association is entitled to suspend or terminate membership of any person(s) named in the said application.
* Delete as appropriate

NAME _____

SIGNATURE _____

DATE _____