



USI Benevolent Fund

Passport
Size Photo

(For Office Use Only)

No. _____

Life Membership No. of Applicant _____

Date of Admission ___/___/___

Residing City/Town _____

Age on Admission _____

Native State _____ USI Zone _____

MEMBERSHIP APPLICATION FORM

(To be filled in Block letters)

First Name , Middle Name _____

Surname _____

Date of Birth: ___/___/___ (DD/MM/YYYY)

Age In Years: _____

Phone _____ Mobile _____

Gender Male Female

Name of Father/Husband _____

Surname _____

Email ID* _____

ADDRESS(RESIDENCE) _____

City _____ Pin Code _____ State _____ Country _____

ADDRESS(OFFICE) _____

City _____ Pin Code _____ State _____ Country _____

USI-BF Letters and couriers to be sent on: Residence Address Office Address

I, the undersigned, hereby apply for the membership of society of Family Benefit Scheme of _____ I enclose DD

No. _____ Dated ___/___/___, for Rs. _____ (Rupees _____) drawn on Bank

_____ Branch _____ Being the contribution to the

corpus fund of the scheme as per my age along with all other documents. I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information whatsoever regarding my particulars and my membership may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the society or subsequent communications. I agree to pay the fraternity contribution as per the rules of the scheme. I further agree to abide by the constitution and byelaws of USIBF and also any amendments made from time to time in the constitution and byelaws in future. I accept any decision of the E.C./M.C. of in this regard as final.

Date: ___/___/___

Signature of Member

NOMINEES DETAILS

<u>S.No.</u>	Name and Address of the Nominee	Relationship	Phone No / Email ID	Signature of Nominee	Passport size Photo of Nominee
1.					
2.					
3.					

If the nominee is a minor:

Name of the person who represents the minor and his or her address:

Age of Minor:

Month Years

Specify Signature of the Nominees: 1. _____

2. _____

Or the minor's Representatives: 1. _____

2. _____

I Hereby declare that the above information furnished by me is true and correct.

(Signature of the Member)