

**SHREE VISA OSHWAL COMMUNITY, NAIROBI**

P.O.BOX: 40638-00100, NAIROBI; TEL: 0724-177293 / 0725-339801 / 0732-377475 / 0733-469517

E-MAIL: admin@oshwalnairobi.org**MEMBERSHIP INFORMATION FORM – NEW MEMBER****FILL IN BLOCK LETTERS*****mandatory fields to fill****** APPLICANT MUST BE OVER THE AGE OF 18 YEARS**

APPLICANT DETAILS		
FIRST NAME*	FATHER / HUSBAND'S NAME*	GRANDFATHER'S / FATHER – IN – LAW'S NAME*
SURNAME*	ATAK*	VILLAGE IN INDIA*
DATE OF BIRTH*	BLOOD GROUP*	RESIDENT IN NAIROBI SINCE*
DD/MM/YYYY		DD/MM/YYYY
RESIDENTIAL DETAILS		
HOUSE NUMBER	BUILDING NAME	AREA
CONTACT DETAILS		
MOBILE NUMBER*	EMAIL ADDRESS	
P. O. BOX	CODE & POSTAL CENTRE	CITY / TOWN
BUSINESS CONTACT DETAILS		
NAME OF BUSINESS / EMPLOYER	AREA / LOCATION	CITY / TOWN
BUILDING NAME	FLOOR	PHYSICAL BUSINESS ADDRESS
MOBILE NUMBER	EMAIL ADDRESS	
BEFORE SIGNING READ AND UNDERSTAND THE POINTS BELOW 1. I confirm the above to be true to the best of my knowledge. 2. I confirm to abide by the Constitution, By-laws, Rules & Regulations of the community at all times. 3. The Member hereby grants SHREE VISA OSHWAL COMMUNITY – NAIROBI the right to use the information disclosed in this membership form for such purposes as SHREE VISA OSHWAL COMMUNITY – NAIROBI may deem necessary. Your submission of your completed membership form to SHREE VISA OSHWAL COMMUNITY – NAIROBI shall be deemed to be an unconditional, unequivocal, non-exclusive, irrevocable, royalty free, perpetual and voluntary permission and authorization granted by you SHREE VISA OSHWAL COMMUNITY – NAIROBI to have full and unrestricted rights to: a) Publish your information on any website and digital asset accessible by the public on the internet or any other media of communication whether or not belonging to SHREE VISA OSHWAL COMMUNITY – NAIROBI, it's suppliers, partners, agents, advertisers or associates. b) Use, edit, modify, tamper with, re-format, re-size, crop, adjust colour or make any changes or alterations to your information at SHREE VISA OSHWAL COMMUNITY – NAIROBI's sole discretion.		AFFIX APPLICANT'S PHOTOGRAPH
SIGNATURE:		DATE:
SPOUSE DETAILS		
FIRST NAME*	FATHER / HUSBAND'S NAME*	GRANDFATHER'S / FATHER – IN – LAW'S NAME*
SURNAME*	ATAK*	VILLAGE IN INDIA*
MOBILE NUMBER*	EMAIL ADDRESS	

THIS FORM SHOULD BE FILLED IN BLOCK LETTERS. ANY INCOMPLETE FORM AND/OR WITHOUT ATTACHMENTS SHALL NOT BE ACCEPTED. ALL COPIES OF THE ATTACHMENTS SHOULD BE CLEAR.

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MEMBERSHIP INFORMATION FORM – NEW MEMBER

TWO REFEREES WELL KNOWN TO THE APPLICANT – (V.O.C NAIROBI MEMBERS) – NOT RELATED	
REFEREE 1	
FULL NAME*	VOC NUMBER*
BUSINESS NAME	ADDRESS
MOBILE NUMBER*	SIGNATURE*
COMMENTS (FOR OFFICIAL USE)	
REFEREE 2	
FULL NAME*	VOC NUMBER*
BUSINESS NAME	ADDRESS
MOBILE NUMBER*	SIGNATURE*
COMMENTS (FOR OFFICIAL USE)	

REQUIREMENTS:

KINDLY ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS FORM.

COPY OF BIRTH CERTIFICATE – ONE (1)	IF MARRIED:
COPY OF PASSPORT / I.D – ONE (1)	COPY OF BIRTH CERTIFICATE – ONE (1)
UTILITY BILL (E.G LIGHT, WATER, WI-FI, SERVICE CHARGE, TV, E.T.C) – ONE (1)	COPY OF PASSPORT / I.D – ONE (1)
WORK PERMIT / DEPENDENT PASS (IF APPLICABLE) – ONE (1)	COPY OF MARRIAGE CERTIFICATE – ONE (1)
IF BIRTH CERTIFICATE IS NOT AVAILABLE, WRITE A LETTER STATING THE REASON FOR THE SAME	

FOR OFFICIAL USE			
FRONT OFFICE VERIFICATION	NAME	SIGN	DDMMYYYY
FRONT OFFICE COMMENTS			
ADMIN OFFICE VERIFICATION	NAME	SIGN	DDMMYYYY
OFFICE BEARER VERIFICATION	NAME	SIGN	DDMMYYYY
RECEIPT NUMBER & DATE			
MEMBERSHIP PERIOD			
MEMBERSHIP NUMBER			