

**AHMADI MAR THOMA PARISH, KUWAIT**

**FAMILY BENEFIT SCHEME (F B S)**

**Membership Application form**

Parish Register No: .....

Applicant No.1

Applicant No.2

**First Applicant Name:** \_\_\_\_\_

**Second Applicant Name:** \_\_\_\_\_

Address in Kuwait: \_\_\_\_\_

Address in India: \_\_\_\_\_

**Nominees for First Applicant**

**Nominees for Second Applicant**

Name& Address Relationship Payable %

Name& Address Relationship Payable %

1, \_\_\_\_\_

1, \_\_\_\_\_

2, \_\_\_\_\_

2, \_\_\_\_\_

3, \_\_\_\_\_

3, \_\_\_\_\_

\* For purpose of payment of the benefit, my nominees are to be treated in the under of preference as above for the full benefit /as eligible for receiving the benefit according to the percentage against each.

\* Please enroll me as a member of the ‘Family Benefit Scheme’ I confirm that I have read the By – laws of the scheme and agree to abide by them.

\_\_\_\_\_  
**(First Applicant’s Signature)**

\_\_\_\_\_  
**(Second Applicant’s Signature)**

Witness:

1, Name: \_\_\_\_\_

2, Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Received on: \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Vicar)**

\* The edavaka has all along endeavored to extend financial support to the family of a deceased member in case such an unforeseen situation arises. This scheme was primarily established in view of this aim.

\* All eligible parishioners are requested to join this scheme by paying **K.D.5/-** per call in order to be a helping hand to the needy as and when such a situation emerges.

\* F B S by – laws details: [http://www.ahmadimarthomaparish.org/fmly\\_Bnfit.htm](http://www.ahmadimarthomaparish.org/fmly_Bnfit.htm)