Photograph

To be attested by one referee

THE KHOJA SHIA ITHNA-ASHERI MUSLIM COMMUNITY OF BIRMINGHAM

17 Clifton Road, Balsall Heath, Birmingham B12 8SX. Registered Charity No. 510406 Tel/Fax: 0121 446 6437 Tel: 0121 440 5393 (Ansaphone)



Friends List Application Form

A.	Name:			
В.	Full Address:			
		Post Code:		
	Home Tel:	Office Tel:		
	Mobile:	Email:		
	Date of Birth:			
C.	C. Please give full details of your family including their date of birth			
	Name	D.O.B	Relationship	
	1			
	2			
	3			
	4			
	5			
D.	D. 1 st Referee's Name:			
	Post Code: T	elephone:		
E.	E. 2 nd Referee's Name:			
	Full Address:			
	Post Code: T	elephone:		
	(Note: Both referees should be members of KSIMC of Birmingham for at least 3			
	consecutive years with no outstanding	g dues).		
Gift A	Aid:			
I am	a UK taxpayer Yes / No			
I authorise the KSIMC of Birmingham to claim gift aid on all my donations Yes / No to the Community and will inform them if I change my decision.				
Decla	aration:			
 I am a Shia Ithna-Asheri Ja'fari Person. I declare that the information given above is true to the best of my knowledge. I give the Community permission to make any enquiries regarding this application. I/We shall abide by the constitution, bye laws and Terms of References of KSIMC of Birmingham. I/We shall behave in orderly manner on the premises of KSMIC of Birmingham and not represent the Community. 				
Signature:		Date:		

FOR OFFICE USE ONLY:

Photo attested	Y/N			
All relevant sections completed in full	Y/N			
Clearance letter (if applicable) attached	Y/N			
Referees 1 verified	Y/N			
Referee 2 verified	Y/N			
Verified by:	Date:			
This Application has been approved/ rejected on:				
Secretary General:	Date:			
Secretary General.	Dute:			
Membership #:				
Invoice #:	_			
Receipt No:	Date:			