



WNHO HEALTH CARE PVT.LTD.(Health & Wealth Business Forum-Club)

LIFE MEMBERSHIP FORM

Please fill this form CORRECTLY with* is COMPULSORY

A] INTRODUCER DETAILS

FULL NAME(AS PANCARD) :

USER ID* : MOBILE NO*/ EMAIL

B] PERSONAL DETAILS

NAME* :

GENDER : MALE/FEMAL MARITAL STATUS: SINGLE/MARRIED/OTHER

DATE OF BIRTH* (DD/MM/YYYY): NATIONALITY :

STATUS : RESIDENT INDIVIDUAL/NON RESIDENT/FOREIGN NATIONAL

PAN NUMBER* :

(PLEASE ATTACHED SELF ATTESTED COPY OF PAN CARD)

PREFERRED USERNAME*:

EMAIL ADDRESS* :

MOBILE NUMBER* :

C] ADDRESS DETAILS (PLEASE ATTACH SELF ATTESTED COPY OF ADDRESS PROOF, LICENCE, PASSFORT, BILLS ETC)

RESIDENT ADDRESS :

.....

CITY/TOWN : PIN CODE :

STATE : COUNTRY :

PERMANENT ADDRESS IF DIFFERENT FROM ABOVE

PERMANENT ADDRESS :

CITY/TOWN : PIN CODE :

STATE : COUNTRY :

D. BANK DETAILS (PLEASE ATTACH SELF ATTESTED COPY OF BANK ACCOUNT DETAILS)

ACCOUNT HOLDER NAME :

BANK NAME :

ACCOUNT NUMBER : ACCOUNT TYPE : SAVING/CURRENT

BRANCH NAME : IFSC CODE :

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby acknowledge that I have reviewed and understand this WNHO Health Care Pvt.Ltd application and agreement including all of the document defined herein as "materials" which are incorporated herein, and that I agree to be bind by all of them.

.....
Signature of the Applicant

.....
Date : (dd/mm/yyyy)

For office use only originals verified and self-attested document copies received(yes/no)

Name:

Signature:

Company Stamp: