

Mar Thoma Syrian Church of Malabar

Ahmadi Parish - Kuwait

P. O. Box 47730, Fahaheel – 64028, Kuwait - Telephone/Fax: 3716360

AHMADI MAR THOMA PARISH WELFARE FUND (AMPWF)

APPLICATION FORM

APPLICATION NO.

MEMBERSHIP STATUS

FAMILY

SINGLE

A. PARTICULARS OF THE APPLICANT:	
1. Name in Full	2. Registration No.
3. Area	
4. Prayer Group	
5. Present Postal Address	
6. Present Office Address	
	Phone No(s): E-mail:
7. Residential Address in Kuwait	
	Phone No(s): Mobile No.
8. Permanent Address in India	
	Phone No(s) in India:
9. Occupation:	10. Monthly Income: K.D.
B. DETAILS OF FAMILY/DEPENDENTS:	
Name	Present Domicile Status (Now in Kuwait or not)
1) Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. APPLICANT'S STATEMENT & DECLARATION:	
<u>Reason For Requesting Loan:</u>	

<i>(Use additional sheet if required)</i>	
<u>Declaration:</u>	
I hereby declare that the statement given above is true to the best of my knowledge and belief. I also declare that I am not associated with any Church other than Mar Thoma Syrian Church of Malabar. I further declare that the amount of loan, if sanctioned, shall be promptly repaid by me.	
Place: Kuwait	Date: _____ Signature of Applicant: _____
NOTE: Attach copy(ies) of document(s), if any, justifying the applicant's above statement.	

D. DETAILS OF CERTIFYING/RECOMMENDING PERSON	
1. Name in Full:	2. Registration. No.
3. Area:	
4. Prayer Group :	
Position in Kaisthana Samithy:	
Declaration: The applicant is known to me and I hereby certify that he/she deserves the requested loan to the best of my knowledge and belief, therefore, I recommend the application.	
Place: Kuwait Date:	Signature of Certifying/Recommending Person

E. DETAILS OF FIRST GUARANTOR AND HIS/HER DECLARATION:	
1. Name in Full:	2. Registration. No.
3. Area:	
4. Prayer Group:	
Present Postal/Office Address:	
Present Residential Address:	
Tel: Office:	Residence: Mobile:
Declaration: I hereby covenant that in the event of default by the borrower Mr./Ms. _____, the amount due shall be repaid by me in full within a maximum period of ninety (90) days from the date of default.	
Place: Kuwait Date:	Signature of Guarantor:

F. DETAILS OF SECOND GUARANTOR AND HIS/HER DECLARATION:	
1. Name in Full:	2. Registration. No.
3. Area:	
4. Prayer Group :	
Present Postal/Office Address:	
Present Residential Address:	
Tel: Office:	Residence: Mobile:
Declaration: I hereby covenant that in the event of default by the borrower Mr./Ms. _____, the amount due shall be repaid by me in full within a maximum period of ninety (90) days from the date of default.	
Place: Kuwait Date:	Signature of Guarantor:

MODE OF REPAYMENT:				FOR OFFICE USE ONLY	
Amount (KD)	Date	Amount (KD)	Date	Application Received on:	
				Application Approved/Rejected on:	
				Loan Amount Sanctioned.	
				Date:	
				(SIGNATURE OF VICAR/PRESIDENT)	
Received K.D. _____ (Kuwaiti Dinars _____) Date: _____				DUE DATE OF FINAL PAYMENT:	
(SIGNATURE OF BORROWER)				Date:	
_____ (NAME & SIGNATURE OF WITNESS & DATE)				(SIGNATURE OF TRUSTEE (FINANCE))	