Photograph

To be attested by one referee



Friend of KSIMC of Birmingham Application Form

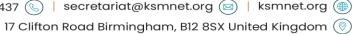
A.	Name:			
В.	Full Address:			
		Post Code:		
Home Te	d:			
Mobile:		Email:		
Date of E	3irth:			
C.	Please give full details of your family including their date of birth			
	Name	D.O.B	Relationship	
1				
2				
3				
4				
5				
D.				
		Telephone:		
Length o	f time Applicant known i	to Referee		
E.	2 nd Referee's Name: .		Signature:	
Full Addr	ess:			
Post Cod	e:	Telephone:		
Length o	f time Applicant known t	co Referee		
(Note: B	oth referees must be me	embers of KSIMC of Birming	ham for at least 3	consecutive
years wit	th no outstanding dues).			
Gift Aid:	:			
I am a U	K taxpayer Yes / No			
		ham to claim gift aid on all them if I change my decis		Yes / No

Khoja Shia Ithna-Asheri Muslim Community of Birmingham

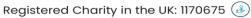
/ksimcbirmingham (f) | @ksimcb (y)













Declaration:

- 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: This Application has been approved/ reject	Date:
Secretary General:	Date:
Membership #:	
Invoice #:	_
Receipt No:	Date:

Khoja Shia Ithna-Asheri Muslim Community of Birmingham

