



KSIMC of BIRMINGHAM BURIAL FUND Application Form

Registered Charity No 510406

NAME OF APPLICANT: _____

NAME OF 2nd APPLICANT (SPOUSE): _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

Jamaat Member

Yes

No

(Tick appropriate box)

POSTCODE: _____

MARITAL STATUS

(Please tick the appropriate box).

Single Married Divorced Widowed

DATE OF BIRTH: (dd/mm/yyyy) ____/____/____ (proof of age required)

DATE OF BIRTH (SPOUSE): (dd/mm/yyyy) ____/____/____ (proof of age required)

DETAILS OF FAMILY MEMBERS

CHILDREN: (Please state names of all children below the age of 18)

Child 1 _____

Child 2 _____

Child 3 _____

Child 4 _____

Child 5 _____

(If necessary, please continue on a separate sheet)

Signature of Applicant 1: _____

Signature of Applicant 2: _____

Date: _____

Please complete this form in full and return to the address below:.

The KSIMC of Birmingham, 17 Clifton Road Balsall Heath Birmingham B12 8SX

Kindly note: The Community in its discretion reserves the absolute right to reject any application if it chooses without giving reasons.

For more information or any further queries contact KSIMC at 0121 446 6437 or email: secretariat@ksmnet.org

Office Use only:

Application Form received by: _____ Date: _____

Supporting documents attached: _____ # of copies: _____

Applicant 1-

Burial Fund fee : Paid Receipt No. _____ Date: _____

Joining Fee (if applicable): Paid Receipt No. _____ Date: _____

Applicant 2:

Burial Fund fee : Paid Receipt No. _____ Date: _____

Joining Fee (if applicable): Paid Receipt No. _____ Date: _____

This Application has been approved: Yes No

Approved by (Print Name): _____ Date: _____

Burial Fund Membership no. (If applicable) _____