



HERI WOMEN GROUP

Applicant Information	
Name:	Sex:
Date Of Birth	Cell Phone.....
E-Mail:	Village/Cell:

Parent/Guardian Information	
Name:	Relationship:
Cell Phone-1.....	Cell Phone-2.....
E-Mail:	Village/Cell:

Payment	
Payment Mode <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Mobile Money <input type="checkbox"/> Other	Amount
No. of Installments <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Minimum Amount per installment
Sponsor <input type="checkbox"/> Individual <input type="checkbox"/> Organization	Sponsor's Name

I declare that all the information I have given is true.

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APPLICANT

.....
PARENT/GUARDIAN

.....
LC CHAIRPERSON