## Applx Membership Application Form

Personal Details
Prefix:
Mr.□ Mrs.□ Ms.□ Miss□
First Name
Middle Name
Last Name/Family Name
Residential Address
City
State
Postcode
Contact Information
Mobile Number
Phone Number
Email Address
ID Proof
Please mention what ID proof you will be attaching with this form. Kindly attach the scanned
copy ID proof along with the scanned copy of this form completely filled.
ID Proof document
Signature and date.
<del></del>

Send this scanned copy of this form along with your ID proof copy to <a href="mailto:naiduyugesh@gmail.com">naiduyugesh@gmail.com</a>

Our representative will get back with you and provide you the steps to make the payment.