

WELFARE APPLICATION FORM - (ARF-HF)

PERSONAL INFORMATION

APPLICANT FULL NAME:	
DATE OF BIRTH:	GENDER: MALE: FEMALE: OTHERS:
NATIONALITY:	CNIC NUMBER:
Adress:	
Province /State:	DISTRICT: CITY:
FATHER/HUSBAND NAME:	
EMAIL:	@ .com Phone Number: -
OCCUPATION:	
MONTHLY INCOME:	
AM WRITING TO RESPECTFULLY APPLY FO	R ASSISTANCE THROUGH YOUR APPORTION RELIEF FOUNDATION AS
	D. MALIARETHIA FOR WOUR CURRENT

I AM FACING SIGNIFICANT CHALLENGES AND AM HOPEFUL FOR YOUR SUPPORT.

DECLARATION:

- 1. By my signature, I confirm the accuracy of the provided information;
- 2. I have not been associated with any money laundering or terrorist financing activities and neither have approved receipt of nor received such monies and likewise neither have approved disbursement of nor disbursed such monies in any manner for money laundering or terrorist financing purposes;
- 3. I have not been associated with any illegal banking business, deposit taking or financial dealings or any other illegal activities;

- 4. I AGREE THAT THE ORGANIZATION MAY USE MY PERSONAL DATA FOR THE PURPOSES OF DONATION PROCESSING, RECORD-KEEPING, AND COMMUNICATION, IN LINE WITH ITS PRIVACY POLICY;
- 5. Any false or misleading information provided may result in the rejection of my application;
- 6. APPORTION RELIEF FOUNDATION RESERVES THE RIGHT TO PURSUE LEGAL ACTION IN THE EVENT THAT FALSE OR MISLEADING INFORMATION IS INTENTIONALLY PROVIDED.
- 7. THE BOARD'S DECISION SHALL BE FINAL AND IT SHALL NOT BE LIABLE TO GIVE ANY REASONS THEREOF;
- PLEASE ATTACHED ALL NECESSARY DOCUMENTS WITH APPLICATION FORM FOR COMPREHENSIVE UNDERSTANDING OF YOUR SITUATION.

Signature:	DATE:		
Official use:			
REMARKS:			
		Apportion	CEO RELIEF FOUNDATION
		Date.	/ /