



APPORTION RELIEF FOUNDATION

DONOR FORM - (ARF-DF)

PERSONAL INFORMATION

FULL NAME:

DATE OF BIRTH: GENDER: MALE: ☐ FEMALE: ☐ OTHERS:

NATIONALITY: CNIC NUMBER:

ADDRESS:

PROVINCE /STATE: DISTRICT: CITY:

EMAIL: @.com PHONE NUMBER: -

OCCUPATION:

OFFICE ADDRESS:

PROVINCE /STATE: DISTRICT: CITY:

OFFICE EMAIL: @.com OFFICE CONTACT NUMBER: -

DECLARATION:

1. BY MY SIGNATURE, I CONFIRM THE ACCURACY OF THE PROVIDED INFORMATION. I COMMIT TO ADHERE TO THE ORGANIZATION'S CONSTITUTION AND REGULATIONS;
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. THE BOARD'S DECISION SHALL BE FINAL AND IT SHALL NOT BE LIABLE TO GIVE ANY REASONS THEREOF.
5. I UNDERSTAND THAT MY DONATION IS INTENDED FOR THE SPECIFIC PURPOSE STATED AND THAT THE ORGANIZATION WILL ALLOCATE FUNDS ACCORDINGLY.
6. I GIVE MY CONSENT TO BE CONTACTED BY THE ORGANIZATION FOR UPDATES, NEWSLETTERS, AND OTHER COMMUNICATIONS RELATED TO ITS ACTIVITIES, UNLESS I CHOOSE TO OPT OUT.
7. I AUTHORIZE THE ORGANIZATION TO PUBLICLY ACKNOWLEDGE MY CONTRIBUTION THROUGH ITS WEBSITE, PUBLICATIONS, OR OTHER PROMOTIONAL MATERIALS, UNLESS I REQUEST OTHERWISE.
8. I UNDERSTAND THAT MY DONATION MUST COMPLY WITH ALL RELEVANT LAWS AND REGULATIONS, AND I CONFIRM THAT THE FUNDS ARE NOT DERIVED FROM ANY ILLEGAL OR PROHIBITED ACTIVITIES.
9. I ACKNOWLEDGE THAT MY DONATION IS NON-REFUNDABLE AND THAT I DO NOT EXPECT ANY GOODS OR SERVICES IN RETURN, EXCEPT WHERE EXPLICITLY STATED BY THE ORGANIZATION.
10. 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.
11. I UNDERSTAND THAT THE ORGANIZATION RESERVES THE RIGHT TO ALLOCATE FUNDS TO THE AREAS OF GREATEST NEED, EVEN IF THEY DIFFER FROM MY ORIGINALLY INTENDED PURPOSE, WHILE MAINTAINING THE OVERALL MISSION OF THE ORGANIZATION.
12. I CONFIRM THAT MY DONATION IS MADE IN ACCORDANCE WITH THE ETHICAL STANDARDS AND VALUES OF THE ORGANIZATION, AND I SUPPORT ITS MISSION AND OBJECTIVES.

SIGNATURE:

DATE:

OFFICIAL USE:

REMARKS:

CEO

APPORTION RELIEF FOUNDATION

DATE: / / .