

**THE SHEER LIFE FOUNDATION OF INDIA**

(Incorporated under the Indian Trust's Act - 1882)
 Regd. Off. 55, Narayana Mudali Street, Chennai - 79.
 Admn. Off : No. 1, 2nd Floor, Chitra Complex,
 Chinthamani, Trichy - 620 002 Tamil Nadu.
 Ph : 2701406, 4210270 Website : www.tsfindia.org

Regd. No. 693

ID No.

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App. No.

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To,
 The Chief Executive, THE SHEER LIFE FOUNDATION OF INDIA

Dear Sir,

Based on THE SHEER LIFE FOUNDATION OF INDIA's brochures and having understood about its Motto, Privileges and its "FAMILY ENDOWMENT FUND", I hereby apply to enroll myself to become its beneficiary. I furnish my personal data in the following pages and in the Checklist (TSF-Form ACL08.) The requisite "ENDOWMENT SUM" is paid (or) agreed to pay by me in appropriate duration. I note that the Trust Management is entitled in its absolute discretion to accept, reject, suspend, or modify my proposal. I unconditionally bind by the terms and conditions of the Trust Management and the Governmental Agencies or otherwise to be stipulated time-to-time in regards to the benefactions. I irrevocably give my consent to the Trust Management to act as my trustee to propose, execute, retain, and avail for me of its Social Security Package (SSP) to sign such documents on behalf of myself, my nominee and to revoke my SSP if necessity arises. I confirm the proposal is in competence to contract and compliance to the Indian Trust's Act 1882.

Place :

Date :

Signature of the Applicant

Please fill in BLOCK LETTERS ONLY (Enter Nil wherever necessary)

I. ENROLLMENT													(Please refer Tariff Chart)							
Table & Type				E.S. Payable Mode [Mly / Qty. / Hly. / Yly. / I.S. / PP]						Installment Rs.			Enrollment Fee Rs.							
II. PERSONAL DETAILS OF THE APPLICANT																				
Name																				
Father's Name																				
Mother's Name																				
Husband's Name																				
III. PRESENT ADDRESS																				
Door No. / Flat No.				Building Name																
Street / Colony																				
Village / Town / City																				
Taluk																				
State																				
District				Pin Code																
Phone No.																				
Mobile No.																				
E-MAIL ID																				
Date of Birth		D	D	M	M	Y	Y	Y	Y	Age				Gender			M	F		
Occupation				Monthly Income																
Nominee Name																				
Nominee Age				Nominee Relationship																