

Membership Registration Form

Names: _____

Surname

First Name

Middle Name

Sex: _____ Marital Status: _____ Date of Birth: _____

Name of Employer: _____

Nature of Business: _____

Official Email Address: _____

Alternate Email Address: _____

Mobile No.: _____

Residential Address: _____

Witness/Guarantor: _____

Address: _____

Signature & Date: _____ Mobile Nos.: _____

UNDERTAKING:

I _____ hereby solemnly declare to be responsible and trustworthy friend of Pixels Mutual Fund, which demands I honour all my financial obligations towards the Fund as at when due.

Voluntary Contributions/Savings (N): _____ Frequency: _____

Applicant's Signature: _____ Date: _____

Secretary's
Signature and Date_____
Head of Operations
Signature and Date**OFFICIAL USE ONLY**

Applicant's Application Approved/Not Approved: _____

Assigned Registration No.: _____