



جمعية الصداقة الهندية الكويتية

INDO-KUWAIT FRIENDSHIP SOCIETY

email : ikfsociety@gmail.com * www.indo-kuwaitfriendshipsociety.com

IKFS MEMBERSHIP APPLICATION FORM

NO: _____

NAME OF APPLICANT : _____
PROFESSION : _____
QUALIFICATION : _____
DATE OF BIRTH : _____
PLACE OF BIRTH : _____
LOCAL ADDRESS : _____

PERMANENT ADDRESS : _____

PHONE (LAND/CELL) : _____ / _____
IN KUWAIT SINCE : _____
FAMILY INFORMATION :

WIFE / HUSBAND NAME : _____
NEXT OF KIN - NAME : _____
RELATIONSHIP : _____
ADDRESS : _____

MEMBER OF ANY OTHER
ASSOCIATION IN KUWAIT

I, HAVE READ & AGREE TO ABIDE THE RULES & REGULATIONS OF **IKFS** AND AGREE TO BE A MEMBER OF **INDO - KUWAIT FRIENDSHIP SOCIETY (IKFS)**.

APPLICANT'S SIGNATURE

CIVIL ID / PASSPORT NO

DATE

FOR OFFICIAL USE OF IKFS

IKFS EXECUTIVE COMMITTEE REVIEWED THE APPLICATION NO.: _____ OF MR./MRS.: _____
AND AGREE TO BE ADMITTED / REJECTED / DELAYED AS A MEMBER OF IKFS FOR THE YEAR : _____ - _____.

SIGNED BY PRESIDENT

DATE : _____

SIGNED BY GENERAL SECRETARY

DATE : _____