

Shri Marigold Co-Operative Housing Society Limited

Valley of Flowers, Thakur Village, Kandivali-East, MUMBAI 400 101

(Reg No. MUM / W-R / HSG / 12446 / 2003-2004)

Tel.: +91 22 4016 0590 / Intercom: 8004 / Email: shrimarigold@gmail.com

Ref. No.: _____

Date: _____

Please note that the form must be submitted at the office of Shri Marigold CHS Limited within 2 days from the receipt of the same by the member.

The data submitted by the member and the particulars filled in will be used for the purposes related to Vehicle identification, issue of ID cards to domestic servants, drivers, security purposes, emergency contacts, blood donations, car pooling, etc.

Wing: _____ Flat No. _____

Whether Original Owner / Resale purchaser / Tenant)?

Please complete the following details in BLOCK CAPITALS ONLY.

| | Name in Full | Relationship | Age (Yrs) | Blood Group |
|----|---------------------|-----------------------------|------------------|--------------------|
| 1. | | 1 st Owner | | |
| 2. | | 2 nd Owner (Y/N) | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| | |
|---|-----------------------|
| Office Address | |
| | |
| | |
| Office Tel. | Mobile No. |
| Home Tel. | Emergency Contact No. |
| Email ID: | Intercom No. |
| Vehicle Regn. No. | Two wheeler Regn. No. |
| Parking: Open / Stilt? | Parking Slot No. |
| No. of Domestic Servants Employed: Hourly_____ / Permanent_____ | |
| Name of House Maid – 1: | |
| Name of House Maid – 2: | |
| Name of Driver (if any): | |
| Name of Car Washer (if any): | |
| Name of Milk Man: | |
| Name of Newspaper Agency; | |
| Name of Laundry: | |

Signature of the Member / Resident