

**Masonic Ark Foundation (Regd.94/2019)**  
**Freemasons Fraternity Family Benefit Scheme**

**SCHEME APPLICATION FORM**

This application consists of 3 parts.

Application Form : Please enter all the requested details. Please affix your recent photograph, and also attach a self attested copy of your PAN Card and Aadhar Card with it. Remember to sign the form.

Nominee Details : Please enter the Nominee(s) details, and affix the latest photo of the Nominee. The Nominee form should also be signed by the Applicant, and NOT by the nominee(s)

Payment Details : If you have made an Online Transfer, please enter the Transaction Reference Number, and also the bank name from which the transfer was made. In case of Cheque payments, please enter the cheque details, and attach the cheque along with the application.

Passport Size  
Photo  
of  
Applicant

Application Date :

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**Masonic Details**

Name of the Member (with Masonic title)	
RGLSI ID	

**Applicant Data**

Name of the Applicant (as on PAN Card / Aadhar Card)		
Date of Birth		
Age (on date of application)		
Father's Name		
PAN Card No.		
Aadhar Card No.		
Permanent Address		
City :	State :	PIN :
Mobile		
email id		

Please attach a self attested copy of your PAN Card and Aadhar Card

*Signature of the Applicant*

**FOR OFFICE USE ONLY**

Received on	Uploaded Online on	Uploaded by	Signature
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**NOMINATION FORM**

I, ....., S/o ....., DOB ....., hereby nominate the following person(s), to receive the SCHEME BENEFITS, in the event of my death.

	NOMINEE 1	NOMINEE 2
Name of the Nominee		
PHOTO OF THE NOMINEE		
Family Member : Yes / No		
Relationship with the Nominee		
Share of Scheme Benefit (in %)		
Date of Birth		
Father's Name		
Aadhar Card No.		
Permanent Address		
City		
State		
PIN		
Mobile		
email id		

I the undersigned applicant hereunder for myself, my heirs, executors, administrators and assigns do hereby jointly and severally covenant with the Trust and its trustees and agree and undertake at all times save, defend and to indemnify and keep indemnified the Trust and its trustees from and against all actions, suits, proceedings, accounts, claims and demands whatsoever for or on account of any claims paid to the above mentioned nominees, and from and against all losses, costs, claims, actions, demands, risks, charges, expenses, damages and losses arising in any manner howsoever.

Dated this.....day of .....20.....at .....

*Signature of the Applicant*

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**SCHEME OPTIONS AND PAYMENT DETAILS**

**Select The Scheme**

Membership Type	Admission Fees	Initial Contribution	Total Initial Amount Payable	Balance Payable	TICK THE SELECTED OPTION
Annual Membership	Rs.2,500.00	Rs.3,650.00	Rs.6,150.00	Rs.3,650 payable for 24 years or lifetime of the member, whichever is earlier	
Life Membership	Rs.2,500.00	Rs.22,500.00	Rs.25,000.00	Balance of Rs.67,500 payable in 2 instalments over the next 2 years	

**Remittance Details**

Amount Paid	Rs.
Bank Name	
Cheque No.	
Cheque Date / Online Transfer Date	
Online Transfer Transaction No.	

*Signature of the Applicant*