HOURO

10 MONTHS HOURO LUCKY DRAW

Agent No. : _____

AGENT FORM

START DATE : 26th MARCH, 2021

PERSONAL DETAILS **Date : _____**

Name of Agent: _____

Premanent Adress : _____

_____

Contact #: _____ Email address: _____

Declaration :

I , _____ have read the Rules & Regulation of the 10 months HOURO lucky draw . I have agreed and fully understood. The information provided above is true and correct.

Agent's Signature

Agent Member list :

Sl.no	From No.	Name	Adress	Contact

NOTE : ALL AGENT SHOULD COLLECT THEIR MEMBER'S MONTHLY CONTRIBUTION IN TIME AND SHOULD SUBMIT 2 DAYS BEFORE THE DRAW DATE.