

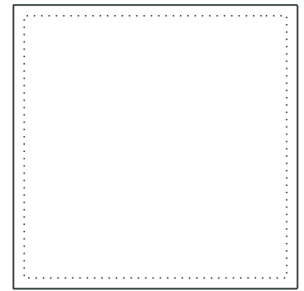
Form No. :



Form : Rs.50

HOURO

10 MONTHS HOURO LUCKY DRAW



MEMBERSHIP FORM

START DATE : 26th MARCH, 2021

PERSONAL DETAILS

Date : _____

Name of Member : _____

Premanent Adress : _____

Temporary Address: _____

Contact #: _____ Email address: _____

Agent Name & No. : _____

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.

Member's Signature

RECEIPT

HOURO

10 MONTHS HOURO LUCKY DRAW

Name of Member : _____

Adress : _____

Contact : _____

Amount Paid : _____

Office Signature

START DATE : 26th MARCH, 2021