#### 8.2 JPT Form - II (Registration Form)

## A. Membership Details

Particulars	Member	Spouse
Name		
Phone/fax		
E-mail		
Sex		
Birth date		
Citizenship ID		
Permanent Address		
Bank account No. for SEMSO		
Current Address		
Nominee (s) for welfare claim		

#### B. Children

Sl. No.	Name	DoB	Sex
1			
2			
3			

#### C. Member's Parents

	Name	Age	Residence
Father			
Mother			



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"Service to Community"

### D. Spouse's Parents

	Name		Age	Residence		
Father						
Mother						
I certify that the information given above is true to the best of my knowledge. In the event of the demise of any of my dependents, benefits as defined in the AoA of JPT-2013 may be given to me.						
I hereby nominate Mr/Ms the right to receive the entire amount that may be payable to me by the JPT in the event of my death.						
Signature Date:						
For use by Managing Committee only Membership into the JPT: Accepted						
*Not accepted since the applicant fails because of the Clauseof the JPT Article of Association.						
(SECRETARY	)	(CHAIRMAN)				
•••••	••••••	•••••	••••••	••		