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સદપો

સહકાર સર્વેનો દયા પ્રભુની હિમ્મત પોતાની

Regd. Off.: -S-2/605, Udyog Nagar, Kamla Vihar Complex, Mahavir Nagar, Kandivali (W), Mumbai - 400 067. • Tel. : 5696 5869 • Email : support@sadapo.com

FORM NO.

F-

DATE

AGENT CODE

AGENT NAME

(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)

FAMILY MEMBERSHIP FORM

PERSONAL DETAILS - HEAD OF THE FAMILY

NAME

MNAME

SURNAME

CATEGORY :- VAISHNAV / JAIN

AGE	BIRTH DATE	GENDER	M/F
QUALIFICATION	OCCUPATION		
FATHERS NAME	AGE		
MOTHERS NAME	AGE		
VILLAGE	KULDEVI		
BLOOD GROUP	DONOR	YES/NO	

PERSONAL DETAILS OF SPOUSE

NAME

MNAME

SURNAME

AGE	BIRTH DATE	GENDER	M/F
QUALIFICATION	OCCUPATION		
FATHERS NAME	AGE		
MOTHERS NAME	AGE		
VILLAGE	ANNV. DATE		
BLOOD GROUP	DONOR	YES/NO	

DETAILS OF SONS AND DAUGHTERS

NO.	NAME	M/F	AGE	VILLAGE OF SPOUSE	RESIDING AT	TEL. NOS.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

RESIDENTIAL ADDRESS									
ADDRESS									
AREA				CITY					
STATE				PINCODE					
TEL. NOS.					EMAIL ID.				
BUSINESS ADDRESS									
NAME OF THE COMPANY									
ADDRESS									
AREA				CITY					
STATE				PINCODE					
TEL. NOS.					EMAIL ID.				
MOBILE NO.				FAX NO.					
NATIVE PLACE ADDRESS									
TEL. NOS.									
VILLAGE							TALUKA		
STATE						PINCODE			
DETAILS OF BROTHERS & SISTERS									
NO.	NAME			M/F	AGE	VILLAGE OF SPOUSE	RESIDING AT	TEL. NOS.	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
A PERSONAL DETAILS OF CHILDREN									
NAME			MIDDLE NAME				SURNAME		
AGE	BDATE		M/F	BLOOD GROUP			DONOR	YES/NO	
QUALIFICATION	OCCUPATION			MARITAL STATUS					
RELATION TO HEAD OF THE FAMILY									
AS DETAILS OF THE SPOUSE									
NAME			MNAME				SURNAME		
AGE	BDATE		M/F	BLOOD GROUP			DONOR	YES/NO	
QUALIFICATION	OCCUPATION								
RELATION TO HEAD OF THE FAMILY				ANNIV. DATE					
FATHERS NAME			VILLAGE						
MOTHERS NAME									
DETAILS OF THE CHILDREN									
NO.	NAME			BDATE	GENDER	QUALIFICATION	BLOOD GROUP	DONOR	
AC1.								YES/NO	
AC2.								YES/NO	
AC3.								YES/NO	

B PERSONAL DETAILS OF CHILDREN									
NAME			MIDDLE NAME			SURNAME			
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO
QUALIFICATION				OCCUPATION				MARITAL STATUS	
RELATION TO HEAD OF THE FAMILY									
BS			DETAILS OF THE SPOUSE						
NAME			MNAME			SURNAME			
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO
QUALIFICATION				OCCUPATION					
RELATION TO HEAD OF THE FAMILY							ANNIV. DATE		
FATHERS NAME						VILLAGE			
MOTHERS NAME									
DETAILS OF THE CHILDREN									
NO.	NAME		BDATE	M/F	QUALIFICATION		BLOOD GROUP		DONOR
BC1.									YES/NO
BC2.									YES/NO
BC3.									YES/NO

C PERSONAL DETAILS OF CHILDREN									
NAME			MIDDLE NAME			SURNAME			
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO
QUALIFICATION				OCCUPATION				MARITAL STATUS	
RELATION TO HEAD OF THE FAMILY									
CS			DETAILS OF THE SPOUSE						
NAME			MNAME			SURNAME			
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO
QUALIFICATION				OCCUPATION					
RELATION TO HEAD OF THE FAMILY							ANNIV. DATE		
FATHERS NAME						VILLAGE			
MOTHERS NAME									
DETAILS OF THE CHILDREN									
NO.	NAME		BDATE	M/F	QUALIFICATION		BLOOD GROUP		DONOR
CC1.									YES/NO
CC2.									YES/NO
CC3.									YES/NO

TERMS & CONDITIONS

1. MANUAL ERRORS LIKE TYPING MISTAKES MAY HAPPEN WHICH WILL BE RECTIFIED IF BROUGHT TO NOTICE.
2. ANY MISUSE OF THE INFORMATION BY PUBLIC WILL NOT BE THE RESPONSIBILITY OF **Sadapo.com**.
3. ALL DISPUTES BINDING SADAPO.COM AND ITS PROMOTERS WILL BE LIMITED TO THE MUMBAI JURISDICTION.
4. ANY UPDATES OR CORRECTION WILL BE MADE AS PER YOUR CONSENT IN WRITING TO US, SENT TO OUR OFFICE ONLY
IF YOUR CODE NO.(FORM NO.) IS MENTIONED IN THAT.
5. ALL CORRESPONDENCE SHOULD BE MADE ALONG WITH YOUR CODE NO. (FAMILY FORM NO.)
6. **ONLY PASSPORT SIZE PHOTOGRAPHS WILL BE ACCEPTED.**

ADDITIONAL DETAILS (OPTIONAL)

MEDICLAIM DONE	YES / NO		
LIFE INSURANCE			
ANY VEHICLE			
ANY CREDIT CARD	IF YES- VISA/MASTER/AMERICAN EXPRESS		
COMPUTER AT HOME	YES / NO	COMPUTER AT OFFICE	YES / NO
ANY ADDITIONAL INFORMATIONS			

DECLARATION

I/We hereby declare that we have read the terms and conditions and I/We on our own have furnished the details filled above. I/We understand that this information is going to be made available to the public on the internet, and that I/We will not hold responsible **Sadapo.com** for any misuse of this information by anybody else. I/We also state that the information is true to the best of my knowledge while giving to **Sadapo.com**. I/We also understand that this information is sole property of **Sadapo.com**, and it can be used for any promotional activity in any form of media by **Sadapo.com** and that I/We don't have any objection over for the use of this information by **Sadapo.com**.

NAME :

DATE

SIGNATURE

OFFICE USE ONLY

FORM NO. F-



AGENT CODE

AGENT NAME

Date _____

SIGNATURE OF APPLICANT

Signature of the Agent

FORM NO. F-

AGENT CODE

AGENT NAME



Date _____

SIGNATURE OF APPLICANT

Signature of the Agent

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