



HALARI MEMON GENERAL JAMAT

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MEMBERSHIP FORM

Form #: _____

Date: [] [] - [] [] - [] [] [] []

Name: _____ Father Name: _____

Grand Father Name: _____ Surname: _____ Village: _____ Gender: _____

Old MS #: _____ CNIC # [] [] [] [] - [] [] [] [] [] [] [] [] Cell # [] [] [] [] - [] [] [] [] [] [] [] []

Date of Birth: [] [] - [] [] - [] [] [] [] Profession: _____ Qualification: _____

Marital Status: _____ Residential Address: _____

SPOUSE'S DETAIL

Spouse's Name: _____ Spouse's Father Name: _____

Spouse's is Halari Date of Birth: [] [] - [] [] - [] [] [] [] CNIC #: [] [] [] [] - [] [] [] [] [] [] [] []
Non Halari

FAMILY DETAIL

Total Family Members: _____ Male Members: _____ Female Members: _____

Name of Children's	Living Status	Date of Birth	CNIC #	MARITALS STATUS

Applicant Signature _____

Additional Requirements

- 1) Two recent photographs with blue background
- 2) Photocopy of CNIC
- 3) Old MS Card/ Blood relative membership card photocopy
- 4) CNIC Photocopy of Spouse's (Optional)
- 5) BE FORM/ CNIC Photocopy of Children (Optional)

Office Use Only

VERIFIED BY ANJUMAN COUNCILLORS

Name: _____ Designation: _____ Sign: _____ Date: [] [] - [] [] - [] [] [] []

APPROVAL BY GENERAL SECERATARY

Name: _____ Sign: _____ Date: [] [] - [] [] - [] [] [] []