

**SENIOR CITIZENS COUNCIL
Information Sheet on Association**

File No: (For Office Use)

District:

Name of Association:						Registration No.		
Seat of the Association:						Date of Registration		
No. of Members		Male:		Female:		Total:		
Day of Monthly Meeting:					Date of Last Annual General Meeting (AGM)			
Name and Address of Bank					Bank Account No.			
Managing Committee	Name	Sex M/F	Address	Age	Identity Card No.	Tel No/ Mobile	Special Skills	Signature
President								
Vice President								
Secretary								
Assistant Secretary								
Treasurer								
Assistant Treasurer								
Member								
Member								
Member								
Member								
Member								
Member								
Member								

We certify that (i) all the members whose names appear in this list have willingly accepted to form part of this Association and have personally put their signatures next to their names

(ii) the Managing Committee Members "do not form part of the Managing Committee of another Senior Citizens Association"

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Signature of the Secretary

Date:

.....
Signature of President