



REGD. OFFICE: Lakshmi Complex, Opp Metropolitan Hospital, Thrissur. Tel: 0487 2422740, 2420782.
BRANCH: Jammu.

Email: mail@kovilakamchits.com. **Website:** www.kovilakamchits.com

APPLICATION / AGREEMENT FORM

PERSONAL INFORMATION

Applicant's Name			
Father's / Husband's Name			
Marital Status		Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>
Age & Date of Birth		Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Profession: Employed <input type="checkbox"/>		Business <input type="checkbox"/>	House Wife <input type="checkbox"/>
		Monthly Income / Salary	
Permanent Address		Address to correspondence	
Pin <input type="text"/>		Pin <input type="text"/>	
Taluk	Village	Desom / Kara	Post Office

TELEPHONE DETAILS

Office	Resi	Mob.	Email
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NOMINEE DETAILS

Name	Age	Relationship
Address		
Pin <input type="text"/>		

Dear Sirs

Having completely read or caused to be read fully understood the rules governing the conduct of the chit and assented to the same, a copy of which I / We have signed and delivered to you. I / We send sum of Rs. _____ (Rupees _____ only) by money order/ cheque / DD remittance in cash at _____ being payment on _____ ticket due for the first installment which I / We request to allot me / us. Although the chit is proposed to be started by you from _____ I / We agree to any changes in the date of its commencement or any change in the place of drawing and auction of this Chit.

Yours Faithfully

Signature of the Witness _____ Signature of the Applicant/s _____

Place

Date

Chit Code	St.No	Value of ticket	1 st Installment
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