



BENEFICIARY CONFIRMATION FORM

Name of Applicant

Full Home Address with PIN Code :

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Tel. No. Email ID:

Age & Date of Birth :

ID Proof (Aadhaar & Bank Passbook Front Page) : Self Attested copy

Parent / Guardian's Name & Full Address :

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Parent / Guardian's Telephone No:

Relationship to the Applicant :

ID Proof (Aadhaar / Ration Card) : Self Attested copy

Assistance sought for

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CONFIRMATION / DECLARATION

- 1) I hereby confirm that consideration of my application is purely at the discretion of the Foundation.
- 2) I have no right to claim anything from the Foundation.
- 3) I hereby extend my unconditional, irrevocable permission and consent to use my personal details including name, address, support details, photographs, activity pictures, activity videos and other such things wherein my identity is disclosed/ascertainable.
- 4) I hereby confirm that the representative of the Foundation clearly communicated to me that at any point in time the support/assistance offered or extended may be withdrawn without any prior notice.
- 5) I declare that the above information given is true and correct.

- 6) I declare that any changes in the above information shall be intimated to the Foundation immediately.
- 7) I further declare that I shall not initiate or participate in any legal or other action against the Foundation in connection with any services offered/extended or for the usage of any of my personal details by the Foundation.

Applicant's Signature :

Parent / Guardian's Signature :

Place :

Date :

PLEASE SEND COMPLETED, SIGNED FORM WITH REQUESTED COPIES BEFORE MARCH 25TH TO:

PARVATHY CHANDRASEKHAR
20, LAKSHMI APARTMENTS,
PALLATH LANE EAST, PUNKUNNAM
THRISSUR 680002
PH: 9847782889

Official Use Only

Name check issued to :

Date (check issued / Money Transefered):

Amount :

Check/ Transfer No :

Remarks :

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Name of The Empower Foundation Designee :

Signature of The Empower Foundation Designee :