

Registration Form

FUNERAL AID SOCIETY OF PEEL

83 Kennedy Road South suite # 1817 Brampton ON L6W 3G1 http://www.faspcanada.org

<u>APPLICANT</u>		<u>SPOUSE</u>		
First Name:		First Name:		
Last Name:		Last Name:		
Address:		Address:		
City:	Postal Code :	City:	Postal Code:	
D.O.B/Age :	Education:	D.O.B/Age:	Education:	
Home phone:	Cell:	Home phone:	Cell:	
Email:		Email:		
Next Of Kin Name & Relation		Next Of Kin Name & Relation		
Tel:Cell:		Tel:Cell:	· · · · · · · · · · · · · · · · · · ·	
Are you willing to work as volunteer? Yes \(\int_{\sqrt{No.}}\)		Are you willing to work as vo	lunteer? Yes 🔘 / No. 🔘	
Address & contact No. in Back Home.		Address & contact No. in Back Home.		
Tel:Cell:		Tel: C	ell:	
Helpful Friend & Contact No		Helpful Friend & Contact No.		

No Monthly Fee/One Time Membership Fee: \$ 100.00 Fee for principal applicant & \$ 15.00 for each Additional member (Wife & Children's only). Married family member must fill out a separate form. **Note:** In case of FASP member's death, FASP will pay all funeral expenses and later on this cost will be equally divided to all principal applicants only and their share will be reimburse after 72 hours of Salah tul Janaza information.

Children:

First Name	<u>Last Name</u>	D.O.B/YEAR dd/mm/yyyy	<u>Male</u> Female	Married Single



Funeral Aid Society of Peel

Pre- Authorized Payment Agreement of Funeral Aid Society of Peel

L6W 3G1
payable to Funeral Aid Society of Peel 1817 - 83 Kennedy road south Brampton ON
For membership fee write a cheque and attach a void cheque for reimburse share
Mississauga.
Note: All service will be provided only by Jame Makki Masjid Brampton & ISNA
Funeral service will be provided only if death occurs in the reach of Jame Makki Masjid Brampton or SNA Mississauga.
will be responsible to inform the society if there are any changes in my address, contact number, and status of an additional applicant.
agree to pay registration fee and also reimbursed share of funeral cost which will be divided equally to all members. If I fail to pay my funeral cast share FASP has right to revoke my membership or I may not be eligible for the services
have certain recourse rights if any debit does not comply with this agreement For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca
may revoke my authorization at any time, subject to providing notice of 30 days. Or for more information on your right to cancel a PAD Agreement, contact you financial institution or visit www.cdnpay.ca
This donation is made on behalf of 🔘 An Individual 🔘 A Business.
The debit will be processed to your account on the day of or the next business day.
Bank Name & Address:
Bank A/c No Branch Code
information below.
5 from my bank account automatically. I have attached a void check or completed the
authorized to Funeral Aid Society of Peel can deduct membership and reimbursed share amount

My Will and Testament

l			
	iS writing my will on dated		
	all former wills, Codicils or other Testamentary Dispositions by me at any time and declare this to ny Last Will and Testament.		
I appoint	my wife /Resident		
Of	In		
Case my	said executor refuse to act, predecease me, or die within a period of 30 days following my death,		
Then I Ap	ppoint, Mr./Mrs Resident of		
Will be a	ct as an executor of my Will and Testament.		
	all my just debts and testamentary expenses to be paid and satisfied by my executor as soon as after my death.		
I give the	following powers to my executor.		
2	I authorize my executor to do all necessary arrangements to carry out my wishes as set for according to my will and absolute power to make final decisions, settle disputes, sell assets or distribut in kind and establish values. I distribute my assets such as:		
	To my wife		
	Or I leave all of my estate to do with as she sees fit. If she predeceases me, or dies within a period of 30 days following my death, my entire asset need		
	to be equally distributed among myson, anddaughters.		
Names of	Beneficiary		
1	2		
3	4		
5	6		
	my wifeas Guardian of my minor gut if she refuse to act, predecease me or die within a period of 30 days following my death,		
Then I app	point Mr. /Mrsas Guardian of my minor children's		
	NameSignature &Date		
Address _			
Witness N	NameSignature &Date		
Address			