



MWS HAKIMI QARZAN HASANA TRUST

To,
The Secretary
MWS HAKIMI QARZAN HASANA TRUST
4, Bibijan Street, Fida Mansion, 1st Floor,
Mumbai - 400 003.

Date: _____

I/We the Undersigned Request you to Increase / Decrease Saving for following Accounts from April 2024 onwards as shown below.

ACCOUNT NUMBER	NAME OF ACCOUNT HOLDERS	PREVIOUS MONTHLY SAVING	SAVING FROM APRIL 2024	Remarks By MWS Committee

I hereby accept to deposit Increase / Decrease Amount regularly. I agree to pay Voluntary contribution to trust as may be decided by the Managing committee.

Account Holders HOF Signature _____

Mobile No. _____ Res./Office No. _____

Please Note that if the Increase / Decreased amount will not be deposited within a month after accepting this Application. This Application will be cancelled.