



MWS HAKIMI QARZAN HASANA TRUST

To,
The Secretary
MWS HAKIMI QARZAN HASANA TRUST
704, Eiffel Tower, Opp GST Bhavan,
Mazgaon Mumbai. 400010.

Date: _____

I/We the Undersigned Request you to Increase / Decrease Saving for following Accounts from April 2026 onwards as shown below.

ACCOUNT NUMBER	NAME OF ACCOUNT HOLDERS	PREVIOUS MONTHLY SAVING	SAVING FROM APRIL 2026	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. _____

Please Note that if the Increase in monthly amount, minimum 6 (six) month saving should be deposited within one month of approval otherwise the application shall be deemed rejected.

Approved/Rejected _____

Secretary/Comm Member