



Syro Malabar Cultural Association - Kuwait

Embassy of India Reg. No.: INDEMB/KWT/ASSN/121

Website: www.smcakuwait.org

FORM-1 (Rev on 1 May 19)

APPLICATION FOR NEW MEMBERSHIP / RE-ACTIVATION OF MEMBERSHIP

Applicant's Name (Given name/ First name as in Passport)				Father's / Husband's Name			
Family Name:							
Civil ID Number.				Passport No.:			
New Member: _____ / If Re-Activation, Old Registration:				Passport Expiry:			
E-mail ID (Capital Letters):		Residence Tel:		Whatsapp No:		Mobile No:	
Residential address in Kuwait		Location/ Area	Block	Street	Building No.	Floor	Flat Number
Workplace and Telephone				Landmark near Home:			
Permanent address in INDIA						Mobile / Tel # in India with area code	
Parish Name , Address & Telephone # of the Parish in India				Diocese in India			
Single _____ / Married _____	Name of Spouse:			Mobile/Whatsapp			
Wedding Date	Home Address (Spouse)			Diocese in India (spouse)			
Family in Kuwait? Yes / No	Parish Name & Address (Spouse):						
Work Place and Telephone							
Blood Group of the Applicant:		Blood Group of Spouse:		Willing to donate Blood (Yes / No):			
Name of the Children / other Dependents			Relationship	Date of Birth	In India	Kuwait	% of FBS Amount
Name of the Emergency Contact (other than spouse):				Mobile/Whatsapp			
DECLARATION OF THE APPLICANT							
I hereby declare that I am a Syro Malabar faithful and member of Syro Malabar Church. My details stated herein are true and correct to the best of my knowledge, information and belief. In the event of any of the information stated herein is found not correct, SMCA shall have the right to cancel my membership and I (my successors and legal heirs) shall not be entitled for any rights, privileges or other claims from SMCA Kuwait. I have read and understood the bylaw of SMCA, Kuwait and I hereby undertake to abide it as well as the rules & regulations that may be implemented by SMCA Kuwait from time to time. I hereby further agree that, in case of any dispute regarding my membership, FBS claim / disbursement or any other matter the decision of the CMC of SMCA shall be the final and that shall be binding on me, my successors and legal heirs.							
Applicant's Signature (as in Passport)		Date	Introduced by (a member of SMCA / Family Unit Leader)			Regn. No.	Signature
FOR THE USE OF THE ZONAL MANAGING COMMITTEE							
Total Amount KD	Receipt No.	Date	Area			Membership Type	Name of Ward Rep who issued the receipt
			ABB	CF	FAH	SAL	Family Single
The new / re-activated member is assigned to:		Zone #	Family Unit Name			Ward #	
Signature of ZMC Officials	Zonal Treasurer:		Zonal Secretary:			Zonal Convener:	
FOR THE USE OF THE AREA MANAGING COMMITTEE							
Signature of AMC Officials	Area Treasurer:		Area Secretary:			Area General Convener:	
FOR THE USE OF THE CENTRAL MANAGING COMMITTEE							
Registration No.:	Date:	Remarks, if any					
Signature of CMC Officials	Office Secretary	Central Treasurer:		General Secretary:		President:	





Syro Malabar Cultural Association - Kuwait

Rules & Regulations of Family Benefit Scheme (FBS) Fund (See Clause 11.f of the bylaw.)

- 1 All active members of Syro Malabar Cultural Association, Kuwait (SMCA, Kuwait), (as well as their children and Associated Members of SMCA Kuwait) are covered under the Family Benefit Scheme (FBS) of the Association in the manner as set forth in the bylaw of SMCA Kuwait. In order to get the benefits of FBS, the members should maintain their membership as active and duly pay the stipulated additional contribution to the FBS fund that may be determined by the Central Managing Committee, from time to time.
- 2 **KWD. 2,000/-** will be paid to the nominee of the active members: (a) in case of his / her death or (b) in case if he / she is permanently and fully disabled due to an accident or disease as detailed in SMCA bylaw..
- 3 The amount will be paid / transferred to the nominee. For married members, spouse shall be the nominee by default. Other nominees will be considered only if the spouse is not in the capacity to accept the FBS claim. In case of any dispute regarding the nominee, the decision of the SMCA Central Managing Committee will be final.
- 4 Members with family membership will have the scheme coverage only for the husband and wife. For the incidents involving a couple, the total coverage will be KWD. 4,000/-. Children are covered under clause 11.f.(v).b of the bylaw.
- 5 If the incident or accident happens outside Kuwait, the member should have a valid Kuwait residence permit (Ikhama) at the time of the incident / accident.
- 6 Any payments made under the scheme shall be informed to all the active members of SMCA, Kuwait after the payment is made. The member who fails to contribute annually or additionally (i.e. as determined by the Central Managing Committee time to time) to FBS shall lose his / her active membership in S M C A , Kuwait as well as the right to claim F B S benefit.
7. New members and reactivated members will be eligible for FBS only after three months from the date of membership / reactivation.
8. For further details / clarifications on FBS , please refer SMCA bylaw.

Details of the Fee to be collected (see Clause 3 of the bylaw):

Description	New Membership		Renewal of Membership		Reactivation of Membership		Renewal Single to Family
	Family	Single	Family	Single	Family	Single	
Membership Fee	5	2	5	2	5	2	5
Registration Fee	1	1	0	0	0	0	0
FBS Fee	4	2	4	2	4	2	4
Office Admin Fee	1	0.500	1	0.500	1	0.500	1
Reactivation Fee	0	0	0	0	1	0.500	0
Total	11.000	5.500	10.000	4.500	11.000	5.000	10

Figures listed in the table are in Kuwaiti Dinar.

Revised on 06 Oct, 2017)