



ਸ਼ਿਕਸ਼ਾ ਪ੍ਰੇਟੋਰੀਆ ਹਿੰਦੂ ਫ਼ੈਰਾ ਫ਼ਾਲਮਾਜ਼

DATA FORM 2011

Entry Number

Information for DIRECTORY		Information for OFFICE ONLY	
		Day / Month ONLY	
Full Surname			
Husband Name		Date of Birth	
Cell Number			
Email Address			
Spouse Name		Date of Birth	
Cell Number			
Email Address			
Unmarried Children's Staying with Parents (Eldest to Youngest)			
Information for DIRECTORY		Information for OFFICE ONLY	
		Day / Month ONLY	
1	First Name	Date of Birth	
	Surname	Cell Number	
	Email Address (Not for Directory)		
2	First Name	Date of Birth	
	Surname	Cell Number	
	Email Address (Not for Directory)		
3	First Name	Date of Birth	
	Surname	Cell Number	
	Email Address (Not for Directory)		
4	First Name	Date of Birth	
	Surname	Cell Number	
	Email Address (Not for Directory)		
5	First Name	Date of Birth	
	Surname	Cell Number	
	Email Address (Not for Directory)		
Residence Address		Tel. Number	
		Fax Number	
		Postal Code	
Postal Address		Postal Code	
Business / Practice Name (only if OWNER)		Tel. Number	
		Fax Number	

I hereby certify that all information is TRUE and CORRECT

Head of the Family: _____

Received by: _____

Signature: _____

Signature: _____

Date: _____

Date: _____