

Registration Form



FUNERAL AID SOCIETY OF PEEL

83 Kennedy Road South suite # 1817 Brampton ON L6W 3G1
 Tel: 647 824 9373 Fax: 905 457 1786 <http://www.faspcanada.org>

<u>APPLICANT</u>	<u>SPOUSE</u>
<u>First Name:</u>	<u>First Name:</u>
<u>Last Name:</u>	<u>Last Name:</u>
<u>Address:</u>	<u>Address:</u>
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: _____
<u>Are you willing to work as volunteer? Yes</u> <input type="checkbox"/> / <u>No.</u> <input type="checkbox"/>	<u>Are you willing to work as volunteer? Yes</u> <input type="checkbox"/> / <u>No.</u> <input type="checkbox"/>
Helpful Friend & Contact No. _____	Helpful Friend & Contact No. _____

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 withdraw after 72 hours of Salah tul Janaza information. For membership fee write a cheque and attach a void cheque for future share cost

Children:

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

Applicant Signature: _____

Date: _____



Pre- Authorized Payment Agreement of Funeral Aid Society of Peel

I authorized to Funeral Aid Society of Peel to deduct a membership fee or share amount of \$_____ from my bank account automatically in case of a member's death.

Bank A/c No. _____ Institution No. _____ Branch Code _____

Bank Name & Address: _____

I also authorised to FASP to withdraw the debit from my bank account on the _____ day of _____ or the next business day.

This donation is made on behalf of An Individual A Business.

I may revoke my authorization at any time, subject to providing notice of 30 days. Or for more information on my right to cancel a PAD Agreement. Contact your financial institution or visit www.cdnpay.ca

I 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

I agree to pay a registration fee and a share amount of funeral costs which will be divided equally amongst all principle/main applicant members. If I fail to pay my funeral cost share, FASP has the right to revoke my membership and/or I may not be eligible for the services.

I will be responsible to inform the society if there are any changes in my address, contact number, or the status of an additional member.

Funeral service will be provided only if death occurs in the reach of Jame Makki Masjid Brampton or ISNA Mississauga.

Note: All service will be provided only by Jame Makki Masjid Brampton & ISNA Mississauga.

For membership fee write a cheque and attach a void cheque for future share cost payable to **Funeral Aid Society of Peel** 1817 - 83 Kennedy road south Brampton ON L6W 3G1

Name & Signature: _____

Date: _____

My Will and Testament

I _____ Resident of _____

_____ iS writing my will on dated _____

I Revoke all former wills, Codicils or other Testamentary Dispositions by me at any time and declare this to contain my 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 Appoint, Mr./Mrs. _____ Resident of _____

Will be act as an executor of my Will and Testament.

I Direct all my just debts and testamentary expenses to be paid and satisfied by my executor as soon as possible after my death.

I give the following powers to my executor.

- 1 I authorize my executor to do all necessary arrangements to carry out my wishes as set forth according to my will and absolute power to make final decisions, settle disputes, sell assets or distribute in kind and establish values.
- 2 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 needs to be equally distributed among my __son, and ____ daughters.

Names of Beneficiary

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

I appoint my wife __as Guardian of my minor children, But if she refuse to act, predecease me or die within a period of 30 days following my death,

Then I appoint Mr. /Mrs. _____ as Guardian of my minor children's

Witness Name

Signature &Date

Address

..

Witness Name

Signature &Date

.

Address

..