

Enrollment Application for Auto Miraj Loyalty card

1.	Personal Details			
2.	Title :- Mrs Miss Mr			
3.	Name With initials :-			
4	(In Block Capitals)			
4.	Name in full:			
5.	Gender :- Male Female			
6.	National Identity Card Number :-			
2.	Contact Details :- Mobile Email			
3.	Professional Details			
1.	Working Station :-			
2.	Designation :-			
3.	Name of the Branch Union			
4.	GMOA No :-			
_	CIMO No.			
5.	SLMC No :- Vehicle Details			
4.				
	Vehicle Number :- Land and the state of the			
	Vehicle Model :-			
5.	5. Payment Information			
Э.	Enrollment Fees Payment Details.			
Payment Mode :- Cash Cheque Online Transfer				
	Date of Payment :- Similar Transfer			
	i. Bank :-			
	ii. Branch :-			
	iii. Amount :-			
Sta	tement of Agreement			
I,, hereby certify above facts are				
tru	e and correct.			
Sig	nature of the Applicant : Date :			
Recommendation of Branch Union Secretary :- Recommended Not Recommended				
 Na	Name of Branch Union Secretary Signature Date			
Signature of General Secretary GMOA Date				

Account Name:-	Welfare Arm of Government Medical Officer's Association			
Bank :-	Bank of Ceylon (BOC)			
Branch :-	Independent Square			
Account No :-	90629741			
Office use only				
		Paid upto		
GMOA Membership fee	GMOA NO			
Checked by Account Section :-				
		Paid upto		
Welfare Arm fee	WAGMOA NO			
Checked by :-				
Auto Miraj Loyalty ca	Auto Miraj Loyalty card fee Checked by Account Section :			
Card Serial Number	Checked by	:		
Issued Date				

Please deposit Enrollment fee 4000 Rupees for 2 years to the following account $\,$