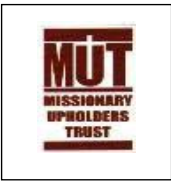


MISSIONARY UPHOLDERS TRUST(MUT)
SMILE (A Project of Missionary Upholders Trust)
Details to be furnished on DEATH OF SMILE MEMBER



Form-12

A. Name of Organization / Pastors Fellowship:																			
B. Details of Deceased Member						SMILE Scheme ID:													
1. NAME MR. / MRS./ MISS																			
2. Cause of death:																			
3. SEX: MALE <input type="checkbox"/> MALE <input type="checkbox"/>				4. Marital Status: Married <input type="checkbox"/> dower <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/>															
5. Date of Birth:										6. Date of death:									
7. Postal Address:						8. Permanent Address:													
9. Email Id:						10. Phone No:													
11. Languages Known:- (No.1 will be the mother-tongue)		1.			2.			3.											

C. BeneficiaryDetails

Relation	Name	Sex M/F	Date of Birth	Occupation	Spouse MUT ID
Spouse					
Father					
Mother					

D. ChildrenDetails

Sl. No.	Name	Sex M/F	Date of Birth	Class Studying	Married/ Unmarried	Occupation
1						
2						
3						
4						

E. Beneficiary Bank Details	
1. Name as per pass Book:	
2. Bank Name:	
3. Account Number:	
4. Branch:	5. Branch Code:
6. IFSC Code:	

E.Life and Ministry report of the deceased missionary: Please add separate sheet

Signature of the CEO of the Mission:

Name, Designation and seal:

Date:

- Enclosure:**
- 1) Photo of the deceased missionary with family members.
 - 2) Copy of Death Certificate
 - 3) Copy of Bank pass book first page of the Beneficiary.
 - 4) Date of Birth ID Proof of the Deceased Missionary and Beneficiary.
 - 5) Life and Ministry report of the Deceased missionary

Please fill up all details and send to the following address:

Secretary/SMILE
 Missionary Upholders Trust,
 Post box No. 1585
 No.274/6, Sangam Apartments, Belly Area,
 Anna Nagar West, Chennai-600040
 Phone: 9600278811