



MWS HAKIMI QARZAN HASANA TRUST

To,
The Secretary
MWS HAKIMI QARZAN HASANA TRUST
4, Bibijan Street, Fida Mansion, 1st Floor,
Mumbai - 400 003.

Date: _____

I/We the Undersigned Request you to Increase / Decrease Saving for following Accounts in my/our group from April 2025 onwards as shown below.

ACCOUNT NUMBER	NAME OF ACCOUNT HOLDERS	PREVIOUS MONTHLY SAVING	SAVING FROM APRIL 2025	Remarks By MWS Committee

I/We hereby accept to deposit Increased / Decreased Amount regularly. I agree to pay voluntary contribution to trust as may be decided by the Managing committee.

Account Holders HOF Signature _____

Mobile No. _____

Note: In case of increase in monthly amount, minimum 6 (six) months saving should be deposited within one month of approval, otherwise the application shall be deemed rejected.

Approved / Rejected _____
Secretary / Comm. Member