



AL-EHSAAN HOUSING CORPORATION

1077 Pasqua Street, Regina, SK, S4T 4K9

Phone: 306 – 565 - 1019 Fax: 306 – 949 – 9121

Email: info@alehsaanhousing.ca Website: www.alehsaanhousing.ca

MEMEBERSHIP FORM

PLEASE TYPE OR PRINT:

APPLICANT'S FULL NAME: _____

ADDRESS: Apt, Street _____ City, Prov _____ Postal Code _____ - _____

PHONE: (home) _____ (work) _____ (cell) _____

EMAIL: _____

DATE OF BIRTH: (mm/dd/yyyy) ___/___/_____ SOCIAL INSURANCE NUMBER (SIN#) _____ - _____ - _____

PROFESSION: _____ EMPLOYER: _____

COUNTRY OF PERMANENT RESIDENCE: _____ CITIZENSHIP: _____

SPOUSE'S FULL NAME & PROFESSION: _____

BENEFICIARIES

PRIMARY BENEFICIARY FULL NAME: _____ RELATIONSHIP: _____ PERCENTAGE: _____

OTHER BENEFICIARIES FULL NAMES/RELATIONSHIPS and PERCENTAGE: _____

ADDRESS OF BENEFICIARY: _____ PHONE: _____

PERSONAL REFERENCES:

(1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

(2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

CIRCLE TYPE OF INITIAL MEMBERSHIP (can be changed later by notifying in writing):

- A. BUY A HOUSE
- B. REFINANCE MORTGAGE
- C. INVESTMENT

I/WE HAVE READ THE REGULATIONS OF THE AL-EHSAAN HOUSING CORP; I/WE UNDERSTAND THEM AND AGREE TO FULLY ABIDE BY THEM. I/WE UNDERSTAND THAT AL-EHSAAN HOUSING PRIMARILY INVESTS FUNDS IN RESIDENTIAL HOMES AND I/WE HAVE REVIEWED THE OFFICIAL FUND WITHDRAWAL POLICY.

_____/_____/_____
Signature(s) of Member Date(dd/mm/yyyy) Signature of spouse Date(dd/mm/yyyy)

..... FOR OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT RECEIVED:CD\$ _____ MEMBERSHIP NO. _____

NUMBER OF SHARES _____ INITIAL OF TREASURES: _____ AUTHORIZATION: _____ DATE _____