

FORM 1A

Information by **Donor-Partner**

Ref: F-1A/ _____ to be entered by office Date: _____

In case of any difficulty in completing this FORM, plz contact our office for help.

Name of Beneficiary: _____ FORM 2A/2B Ref: to be entered by office

BALDEV SHARMA
MARSHALLS
FOUNDATION



A REGISTERED TRUST (Registration#: E-32065 (MUM))

*Donation to BSMF is subject to 80G Income Tax Benefit.

Office: 8B, Shiv sagar Road # 5, Shivaji Park, Mumbai 400 016.

Tel: 02231810312, 96644 56303. (for SMS & WhatsApp only).

Website: www.bsmarshallsfoundation.org

Email: chairman@marshallsindia.com

1. Donor-Partner's details are as follows:-

a. Name: _____ Profession: _____

b. Donor's Classification: Individual, Social-Activist, Group, NGO, Others _____

c. Ph. Landline-1: _____ Landline-2: _____ PAN: _____

d. Cell #: (to registered in System as ID): _____ WhatsApp active? Yes, No

e. Home address: _____

_____ Pin Code _____

f. Email address: (to be registered in System as ID): _____

2 Donor-Partner's Voluntary Donation to: "Value Added BSMF Charity", Others _____

a. Donation Amount: Rs: _____ (Rupees: _____)

b. Mode of Payment: By Cash, By Cheque*, By RTGS/NEFT**, Electronic Transfer*.

c. *Plz provide details: _____

d. **BSMF & Bank details for e-transfer/NEFT/RTGS: Baldev Sharma Marshalls Foundation: Bank Of Baroda, Shivaji Park Branch, Mumbai 400 016, Account #: SB 04150100024673, IFSC code: BARBOSHIBOM.

3 a. Relationship with the Beneficiary: Blood Relation, Close Relative, Friend, Compassionate only.

b. Briefly Narrate how you know Beneficiary?: _____
