

# FORM 2A

*Applicant is Self-Beneficiary, applying for Donation*

Ref: F-2A:# \_\_\_\_\_ to be entered by office Date: \_\_\_\_\_

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

1 a. Name of Applicant: \_\_\_\_\_ Cell- \_\_\_\_\_

b. Email address: \_\_\_\_\_ Phone LL no: \_\_\_\_\_

2 a. Name of Donor-Partner: \_\_\_\_\_ Cell- \_\_\_\_\_

b. FORM 1A Ref: \_\_\_\_\_ + Amount Donated-Rs. \_\_\_\_\_

**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

3 a. What's the Purpose\* for seeking donation?: \_\_\_\_\_

*\*Medical, Education, Sports, Fundraising, Animal-welfare, Infrastructure, Research Study?*

b. Plz list and attach supporting documents/brochures testimonials or others information to merit your case for sanction-consideration?

c. What's total amount required\* :Rs: \_\_\_\_\_ *\*Plz submit Quotation/Estimate/Proforma Invoice*

d. What's is the total amount contributed by self/family members/known Persons: Rs: \_\_\_\_\_

e. What is the total amount contributed by unrelated Persons/NGO/Crowdfunding/Friends/Etc Rs: \_\_\_\_\_

f. Balance Donation Amount\* required: Rs: \_\_\_\_\_ (Rupees: \_\_\_\_\_)

g. If Amount is partially approved by BSMF, would you accept it?  Yes,  No: Remarks \_\_\_\_\_

h. Sanctioned Donation amount to deposit in name of\*?: \_\_\_\_\_

*\*Preferred directly in the name of the Service Provider, Institution etc, but not directly in name of Applicant*

j. When is the Donation required:  within 4 to 8 weeks,  within 2 to 4 weeks,  within 1 to 2 weeks.

k. Justification for Donation: \_\_\_\_\_

4. a To which other NGO/Trusts etc applied for help: \_\_\_\_\_

**Applicant's close Family Members & contacts:**

Sr. No	Name:	Cell No.	Relationship
1			
2			
3			

**6. Applicant's Details:**

a. Aadhaar\* #: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

*\*Any Identification provided to be self attested.*

b.i. Permanent Home address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ PIN CODE: \_\_\_\_\_

ii. Staying in Mumbai at: Address \_\_\_\_\_ PIN CODE \_\_\_\_\_

iii. Residing Since: \_\_\_\_\_ Years, iv. Carpet area of house: \_\_\_\_\_ Sq.ft.. v. Whether House is:

Ownership,  Rental Pagri (long rental),  Leave Licence or  PG (Agreement period: \_\_\_\_\_ months?)

iv . Ration Card:  Nill,  Yes, since \_\_\_\_\_ years. **Ration Card Colour:**  White,  Orange,  Yellow.

v. What's the present gross income of Applicant per Annum: Rs: \_\_\_\_\_, Position \_\_\_\_\_

Company \_\_\_\_\_ Working Since: \_\_\_\_\_ Years

vi. Which previous Co.worked for: \_\_\_\_\_, Yrs \_\_\_\_\_, Gross Income PA: Rs \_\_\_\_\_

7. a. List documents attached with this Application: \_\_\_\_\_

b. Remarks \_\_\_\_\_

*\*I confirm and affirm that all information provided herein above is true and correct*

\_\_\_\_\_  
**Signature of Applicant**

**BSMF Officer's remarks and recommendations:**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ Site: \_\_\_\_\_

Remarks Comments & Recommendations: TOB, GFI, Advisory Support