

FORM 2B

Applicant Applying on behalf of Beneficiary for Donation

Applicant Photo

Beneficiary Photo

Ref: F-2B:# _____ to be entered by office Date: _____

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

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 a. Name of Applicant: _____ Phone: LL & Cell _____

b. Email address: _____ Relationship with Beneficiary _____

c. Reason for Beneficiary not directly Applying: _____

2 a. Name of Beneficiary: _____ Phone: LL & Cell _____

3 Donor-Partner FORM 1A Ref: _____ Name: _____ Amt.Donated: Rs: _____

4 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: _____

Beneficiary's close Family Members & contacts:

Sr. No	Name:	Cell No.	Relationship
1			
2			

5 To which other NGO/Trusts etc applied for help? _____

6. Beneficiary'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/we confirm and affirm that all information provided herein above is true and correct

Signature of Beneficiary

Signature of Applicant

BSMF Officer's remarks and recommendations:

Interviewed by: _____ Date: _____ Time _____

site: _____

Remarks Comments & Recommendations: TOB, GFI, Advisory Support