



ST. PETER'S MAR THOMA CHURCH EAST AREA, LONDON -U.K.

A Parish of The Mar Thoma Syrian Church in the UK & Europe zone
Member of the Churches Together in England – Member of the Churches Together in Briton and Ireland

Registered Charity No. 1123807
www.marthomachurchlondon.com

Vicarage:

154 Clockhouse Lane
Collier Row
Romford RM5 2TJ
Tel. 01708564908

Place of worship:

Ascension Church
Collier Row Road
Romford
RM5 2BA

Application for Membership

NAME : _____

UK ADDRESS : _____

MOBILE NO : _____ HOME NO: _____

EMAIL ID : _____

HOME PARISH : _____

PREVIOUS PARISH: _____

TRANSFER CERTIFICATE SUBMITTED: ☐ Yes / ☐ No

ADDRESS IN INDIA: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARRIED: ☐ YES / ☐ No IF MARRIED DATE OF MARRIAGE: _____

DETAILS OF FAMILY MEMBERS:

FIRST NAME	LAST NAME	OTHER NAME	RELATIONSHIP	DATE OF BIRTH	DATE OF MARRIAGE
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I/We hereby wish to apply for the membership of St Peters Mar Thoma Church East Area – UK. I/We hereby submit all essential documents to qualify for the membership. Kindly grant me/us membership.

Thank you,

SIGNATURE: _____

DATE: _____



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General Data Protection Regulation (GDPR) Consent Form

Kindly note that The General Data Protection Regulation 2016/679 has replaced the data protection Act of 1998. GDPR seeks to give people more control over how organisations & charities use personal data of their members. St. Peters Mar Thoma Church East London therefore requires your consent in order to continually process your personal data for its smooth functioning and to provide you with all relevant information in a timely manner.

First Name : _____

Last Name : _____

E mail : _____

Mobile No : _____

Current Address: _____

Please TICK all boxes that apply:

☐

I understand that my personal data such as Name, Current Address, Email ID, Land Line and Mobile Numbers, Gift Aid Information, Bank details will be used by the St. Peters Mar Thoma Church East London for all administrative, information sharing (Includes Videos & pictures), for propagating Church & Sabha's mission activities and all charitable activities of the Church & Sabha through postal and digital media.

☐

I understand that if I wish to opt out of this service at any time, I must put a request in writing to the Vicar/Secretary of the St. Peters Mar Thoma Church East London.

☐

I confirm that by ticking this box I am consenting for St. Peters Mar Thoma Church East London to use and process my personal information as deemed appropriate for the Charities internal information sharing and smooth functioning purposes.

Signed: _____

Date: _____



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BANKER'S STANDING ORDER MANDATE

Please fill carefully: ONLY USE BLOCK CAPITAL LETTERS

I (Full Name) :															
Of (Current address) :	POSTCODE :														
Mobile Number :															
<p>Request you to pay : Beneficiary bank account details</p> <p>With Account Name : St Peters Marthoma Church</p> <p>Bank sort code :</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">1</td></tr></table> <p>Account No :</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">8</td></tr></table> <p>Bank Name : Lloyd Bank PLC</p> <p>Branch Address : 102 - 104 High Rd. Ilford IG1 1DS</p>		3	0	9	4	5	1	0	2	3	3	4	3	4	8
3	0	9	4	5	1										
0	2	3	3	4	3	4	8								

From my below mentioned bank account: <u>Payee bank account details</u>													
Account Name: _____													
Bank Sort Code:													
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Bank Name: _____													
Request to release a Sum of: £ _____													
On <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> Monthly <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> Quarterly <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> Half yearly, basis													
a <table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"></table> From the Date													
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D	D	M	M	Y	Y								
And thereafter on the same day until further notice is given in writing													
Name: _____													
Date: _____													
Signature: _____													



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GIFT AID DECLARATION

Details of the Donor

First Name : _____

Last Name : _____

Current Address : _____

Post Code : _____

Membership Ref No (if any) : _____

Please treat as Gift Aid donations all qualifying gifts of money made during the current year, in the past 4 years and in the future years.

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for year (6 April to 5 April) that is at least equal amount of tax that all the charities or community amateur sports clubs (CASCs) that I donate, will reclaim on my gifts for that year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

PLEASE NOTIFY St Peters Mar Thoma church, East London UK IF YOU:

- 1. Want to cancel the declaration*
- 2. Change your name or home address*
- 3. No longer pay sufficient tax on your income and/or capital gains.*

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your Tax Code.

Signature : _____

Date : _____