



**THRISSUR ASSOCIATION OF KUWAIT  
( T R A S S K )**

*(Indian Embassy Reg. No: INDEMB/KWT/ASSN/155)*

**FAMILY RELIEF SCHEME CLAIM FORM**

MEMBERSHIP DETAILS			
NAME			
TRASSK ID No.			
AREA			
BENEFICIARY DETAILS			
NAME			
RELATION			
CONTACT No.			
DETAILS OF FAMILY MEMBERS	NAME	AGE	RELATION
	_____	_____	_____
	_____	_____	_____
_____	_____	_____	_____
BANK ACCOUNT DETAILS			
NAME			
ACCOUNT No.			
NAME OF BANK			
BRANCH			
IFSC CODE			
DECLARATION			

I, hereby declare that the information provided above is true and complete

Date:

Name and Signature of beneficiary

**Attachments**

- 1.
- 2.