



Make a Difference

Registered Office:
1-15-2 Arihant Towers
Koyambedu
Chennai - 600 107
www.madftrust.org
Email: admin@madftrust.org

<u>Details of how the fund will be utilized?</u>			
Have you received MADF Trust Fund in the past? <input type="checkbox"/> Yes (If Yes, provide Reference #) <input type="checkbox"/> No			
How did you come to know about MADF?			
<input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Member <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____			
References: (Do not list relatives)			
Name	Occupation	Telephone Number	Email ID

Notes:

If approved, you are required to provide the following:

- Bank details
- Details on how the fund will be used
- Copy of the relevant educational certificates, degrees, and diplomas

DECLARATION

I declare that the facts set forth above in the request form are true and complete.

I further affirm that if I receive any form of support from the Trust, I will repay the Trust at least to the extent of support received upon securing a means of livelihood. I understand that this help the Trust to assist the Trust in alleviating poverty for other deserving candidates.

Signature	Place	Date

Email completed application form and supporting documents to:

admin@madftrust.org

Mail the original documents to the address on this letterhead.



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For office use only	
Date Received:	Received by:
Describe how the information was verified:	Reference Check by:
Which Volunteer or Committee member will assure the veracity of the applicant and also conduct ongoing monitoring to ensure progress update is provided to the Trust?	
Scheduled for Trust Committee meeting to be held on:	
Committee's Decision:	
Provide details on how support was provided on and attach evidence of support:	
Updates on use monitoring:	