

INDIAN COMMUNITY OF SOUTH DENMARK

ENROLMENT FORM

First name: _____

Last name: _____

Address: _____

Phone: _____

E mail: _____

Nationality: _____

Family/individual: _____

Resident status in Denmark:

- Permanent
- Temporary
- Visitor

Professional details: _____

Interest/ Hobbies: _____

Date of joining: _____

Please pay the membership fee (150 DKK/Quarter for the Family) to the following account:
Regn nr. 7040, Konto nr: 1576106, Sydbank.

Send the completed form to: Send the completed form to :
Mrs. Sheela, the treasurer, ICSD at e-mail: info@indians-in-kolding.org