



Sasanarakkha Buddhist Sanctuary – 24<sup>th</sup> to 27<sup>th</sup> Oct 2008

Personal Particulars			
Name (as in Passport)		Occupation	
Date of Birth		Gender	
IC No.		Contact Information	Mobile :
Address			Office :
			Home :
			E-mail

Passport Details			
Passport No.		Nationality	
Country of Issue		VISA Required	Yes
Date of Issued		Expiry Date	

Next of Kin			
Person to contact in case of emergency		Contact Information	Mobile :
			Office :
Relationship			Home :
Remarks / Special Need(s)			

Terms and Conditions	
(a)	Terms and conditions apply. All information indicated is subjected to change without prior indication to participants.
(b)	No refunds, transfers and extensions are allowed.
(c)	Cheque is to be made payable to “Firefly Mission”
(d)	One participant for each form.

To ensure smooth processing of your application, please complete all fields

NOTE: Please turn over for the completion of your INDEMNITY FORM. Thank you.

For Official Use			
Payment Method	(1) Cash	Official Receipt No	
	(2) Cheque Cheque No. :	Date of Issue	/ / (dd/mm/yy)
		[Hatched Area]	
Remarks			



firefly mission

... together we light up the world

## INDEMNITY FORM

To:

Firefly Mission  
3 Hume Avenue  
#08-05  
SINGAPORE 598719

I, \_\_\_\_\_ (NRIC/Passport \_\_\_\_\_)

hereby agree that I shall not hold the Firefly Mission, Singapore (“FFM”) liable for all damage sustained to body, life and/or property or expenses incurred however caused arising from my voluntary participation in the **Sasanarakkha Buddhist Sanctuary (SBS) Khatina/Dana trip** organized by FFM for the period from **24<sup>th</sup> to 27<sup>th</sup> October 2008**.

I give my undertaking that I shall behave myself in accordance with the code of good behavior and the 5 precepts of Buddhism.

I shall obey all instructions given to me by any of the FFM Coordinators/leaders and indemnify FFM should I breach any of its rules and instructions.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_/2008