

DEVOTEE REGISTRATION FORM

Primary Contact Details:

Name in English: _____

Name in Tamil: _____

Star (Natchathiram): _____

Contact Number: _____

Email ID: _____

NRIC/FIN Number: _____

Address: _____

Family Member Details:

Name in English	Name in Tamil	Star (Natchathiram)

Date:

Signature:

Sri Vadapathira Kaliyamman Temple

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Email: pathira@singnet.com.sg, Web: www.srivadapathirakali.org.