

APPORTION RELIEF FOUNDATION

MEMBERSHIP APPLICATION FORM - (ARF MF)

| EMBERSHIP NUMBER : |
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| Personal Information |
| Full Name: |
| DATE OF BIRTH: GENDER: MALE: OTHERS: |
| NATIONALITY: CNIC NUMBER: |
| Adress: |
| PROVINCE /STATE: DISTRICT: CITY: |
| Email: @ .com Phone Number: - |
| |
| EMBERSHIP TYPE: |
| INDIVIDUAL MEMBERSHIP: |

DECLARATION:

- 1. BY MY SIGNATURE, I CONFIRM THE ACCURACY OF THE PROVIDED INFORMATION AND ACKNOWLEDGE MY UNDERSTANDING THAT MEMBERSHIP ASPECTS ARE GOVERNED BY THE APPORTION RELIEF FOUNDATION TERMS. I COMMIT TO ADHERE TO THE ORGANIZATION'S CONSTITUTION AND REGULATIONS;
- 2. I HAVE NOT BEEN ASSOCIATED WITH ANY MONEY LAUNDERING OR TERRORIST FINANCING ACTIVITIES AND NEITHER HAVE APPROVED RECEIPT OF NOR RECEIVED SUCH MONIES AND LIKEWISE NEITHER HAVE APPROVED DISBURSEMENT OF NOR DISBURSED SUCH MONIES IN ANY MANNER FOR MONEY LAUNDERING OR TERRORIST FINANCING PURPOSES;
- 3. I have not been associated with any illegal banking business, deposit taking or financial dealings or any other illegal activities;
- 4. THE BOARD'S DECISION SHALL BE FINAL AND IT SHALL NOT BE LIABLE TO GIVE ANY REASONS THEREOF.
- 5. As a Member of ARF, I acknowledge that I am committed to upholding the following principles:
 - INTEGRITY: I WILL ACT WITH HONESTY AND INTEGRITY, ADHERING TO THE HIGHEST ETHICAL STANDARDS.
 - ACCOUNTABILITY: I WILL TAKE RESPONSIBILITY FOR MY DECISIONS AND ACTIONS AS A REPRESENTATIVE OF THE ORGANIZATION.
 - TRANSPARENCY: I WILL PROMOTE TRANSPARENCY AND OPENNESS IN ALL MATTERS RELATED TO THE ORGANIZATION'S ACTIVITIES AND OPERATIONS.
 - RESPECT: I WILL TREAT ALL INDIVIDUALS, INCLUDING FELLOW COMMITTEE MEMBERS, STAFF, VOLUNTEERS, AND BENEFICIARIES, WITH RESPECT AND DIGNITY.
 - COMPLIANCE: I WILL COMPLY WITH ALL APPLICABLE LAWS, REGULATIONS, AND POLICIES GOVERNING THE ORGANIZATION'S ACTIVITIES.
 - DILIGENCE: I WILL FULFILL MY RESPONSIBILITIES DILIGENTLY, PRIORITIZING THE ORGANIZATION'S MISSION AND OBJECTIVES.
 - CONFLICT RESOLUTION: I WILL ENGAGE IN CONSTRUCTIVE DIALOGUE AND SEEK TO RESOLVE CONFLICTS OR DISPUTES IN A FAIR AND RESPECTFUL MANNER.
 - CONFIDENTIALITY: I WILL MAINTAIN THE CONFIDENTIALITY OF SENSITIVE INFORMATION RELATED TO THE ORGANIZATION'S OPERATIONS AND BENEFICIARIES.

I UNDERSTAND THAT ADHERENCE TO THIS CODE OF CONDUCT IS ESSENTIAL TO MAINTAIN THE TRUST AND CREDIBILITY OF THE ORGANIZATION AND ITS STAKEHOLDERS.

6. I A MEMBER OF ARF, HEREBY ACKNOWLEDGE MY RESPONSIBILITY TO MAINTAIN THE CONFIDENTIALITY OF SENSITIVE INFORMATION THAT COMES TO MY KNOWLEDGE DURING MY TENURE. I UNDERSTAND THAT THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, FINANCIAL DATA, DONOR INFORMATION, BENEFICIARY DETAILS, AND INTERNAL OPERATIONAL MATTERS.

I PLEDGE TO:

- SAFEGUARD ALL CONFIDENTIAL INFORMATION FROM UNAUTHORIZED ACCESS OR DISCLOSURE.
- Use the information solely for the purpose of fulfilling my duties and responsibilities as an Executive Committee Member.
- REFRAIN FROM USING ANY CONFIDENTIAL INFORMATION FOR PERSONAL GAIN OR ADVANTAGE.

I UNDERSTAND THAT ANY BREACH OF CONFIDENTIALITY MAY RESULT IN DISCIPLINARY ACTION OR LEGAL CONSEQUENCES.

- 7. I SERVING AS A MEMBER OF ARF, HEREBY DECLARE THAT I HAVE NO EXISTING OR POTENTIAL CONFLICTS OF INTEREST THAT COULD COMPROMISE MY ABILITY TO ACT IN THE BEST INTERESTS OF THE ORGANIZATION. I UNDERSTAND THAT A CONFLICT OF INTEREST ARISES WHEN MY PERSONAL INTERESTS OR THOSE OF A RELATED PARTY INTERSECT WITH THE INTERESTS OF THE ORGANIZATION. IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST ARISES, I COMMIT TO:
 - DISCLOSE THE NATURE OF THE CONFLICT TO THE BOARD OF DIRECTORS OR APPROPRIATE AUTHORITY.
 - REFRAIN FROM PARTICIPATING IN ANY DECISION-MAKING PROCESS WHERE THE CONFLICT OF INTEREST EXISTS.
 - ACT IN THE BEST INTEREST OF THE ORGANIZATION AND ITS STAKEHOLDERS, PRIORITIZING THE ORGANIZATION'S MISSION OVER PERSONAL GAIN OR ADVANTAGE.

I UNDERSTAND THAT TRANSPARENCY AND PROACTIVE DISCLOSURE ARE CRUCIAL IN MAINTAINING THE INTEGRITY AND CREDIBILITY OF THE ORGANIZATION.

SIGNATURE:

DATE:

OFFICIAL USE:

REMARKS:

| CEO |
|-----------------------------|
| Apportion Relief Foundation |
| |

Date: / /