CHILDFOUNDATION
CENTER

+97339019001
apts@childfoundationcenter.com
www.childfoundationcenter.com
@childfoundationcenter
P.O. Box 15446,
Flat 42, Bldg. 298, Road 3306, Block 333
Umm Al Hassam, Kingdom of Bahrain

CR No: 105460-3

Client Form for Discounted Rates

Name: _____ Gender: _____

Age: _____ D.O.B: _____ CPR No: _____

Address: _____

_____

Contact No: _____ E-mail address: _____

Marital status: _____

Is your partner currently employed?

Yes ☐ No ☐

If so what is job title and company:

_____

Are you currently employed: Yes ☐ No ☐

Job title and company: _____

If yes, what capacity are you working?

- ☐ Temporary / full-time
- ☐ Temporary / part-time
- ☐ Permanent / full time
- ☐ Permanent / part-time

- ☐ Seasonal
- ☐ Others: _____

Monthly income: _____

Partner monthly income:

_____

If not, when did you last work in paid employment?

_____

The following documentation should be uploaded with this form:

- Bank Statement
- Salary Slip
- Salary Slip of Partner
- Any evidence that shows temporary loss of income

Please sign and date below:

I hereby declare all information submitted in the form is accurate and to the best of my knowledge

Signed:
Printed Name:
Date:

Please note each case will be evaluated by the HR Team & Center Advisory Board and will take 15 days to process.