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|  | Gurdwara Sri Guru Singh Sabha  **Matrimonial Services**  Alice Way, Hanworth Road, Hounslow, Middx., TW3 3UA Tel 020 8577 2793 – Fax 020 8577 6714 |
| [matrimonial@sgss.org](mailto:matrimonial@sgss.org) - [www.sgss.org](http://www.sgss.org/) – Directline 020 8814 6701  Registered as a place of worship under the Worship Registration Act 1855 No on Register 75990 Registered Charity No 283314 - Inland Revenue Ref: CC 15570 | |

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| **Notes:**   1. Please complete the form fully using CAPITAL LETTERS. 2. Incomplete forms will not be accepted. 3. Please affix a photograph in the space provided. 4. Registration fee for 12months period is £50.00. 5. Please make cheques payable to ‘Sri Guru Singh Sabha Hounslow’. 6. Personal and telephone enquiries are welcome as follow:   Monday to Sunday: 10:00am-1:00pm  Direct line: 020 8814 6701  Email: [matrimonial@sgss.org](mailto:matrimonial@sgss.org) | **PHOTOGRAPH** |
| For office use only:  Ref No: . . . . . . . . . . . . . . . Payment Receipt No: . . . . . . . . . . . . . . . Expiry Date: . . . . . . . . . . . . . . . | |

**Personal Details** (in BLOCK LETTERS)

First Name: . . . . . . . . . . . . . . . Middle Name: . . . . . . . . . . . . . Last Name: . . . . . . . . . . . . . . .

Date of Birth: . . . . . . . . . . . . . Gender: . . . . . . . . . . . . . . . . Height: . . . . . . . . . . . . . . . . . .

Build: . . . . . . . . . . . . . . . . . . . Amritdhari/Sikh/Other\* (\* specify)

Current Nationality: . . . . . . . . . . . . . . . . . . . . Nationality at Birth: . . . . . . . . . . . . . . . . . . . . .

Number of years you have been living in UK: . . . . . . . . . . . . . . .

Residence *(delete as appropriate)*: House owner / Renting / Living with Parents

Academic Qualifications: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Current Job Title : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

About Yourself *(interests, hobbies, habits)*: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Do You drink: Yes/No Are you: Vegetarian/on-vegetarian

Current marital status *(delete as appropriate)*: Single / Divorced /Annulled

If previously married, then give full details including the number of children: . . . . . . . . . . . . . . . .

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# Please describe the kind of match you are looking for below:

Age Range: . . . . . . . . . . . . . . . Height Range: . . . . . . . . . . . . . . . Build: . . . . . . . . . . . . . . . . .

Qualifications: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Any other particulars or specific requirements: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Would you consider someone who is divorced or widowed? *(delete as appropriate)*: Yes / No

If divorced or widowed, would you consider someone with children? *(delete as appropriate)*: Yes / No

# Family & Contact Details:

Parents Names: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Parents Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Tel/Mobile: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Email: . . . . . . . . . . . . . . . . . . . . . . . . . . .

Your Address (if different from above): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Tel/Mobile: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Email: . . . . . . . . . . . . . . . . . . . . . . . . . . .

Preferred contact: Name:………………………………………………. Tel: ………………………………………….…

Do you want to receive Gobind Marg (SGSS Monthly Magazine) Yes/No

If yes, this will be sent to the candidate, at the address provided.

For the most up to date information, visit our website which is now updated daily.

I declare that the particulars stated above are true and correct to the best of my knowledge and belief. **MUST BE SIGNED BY THE CANDIDATE**

Name: . . . . . . . . . . . . . . . . . . . . Signature: . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . .

**All information will be strictly confidential and sincere efforts will be made to introduce parties. However, Gurdwara Sri Guru Singh Sabha Hounslow, will not be held responsible, morally and legally, from act of negligence, omission, and commission by either of the parties concerned and will not be liable for any form of legal action. Parties will be requested to satisfy themselves in all respect.**