

Sr. No. 2491

Membership ID



Xtreme Fitness.

Branch Address :

PHOTO

Date: 2/22
DD/MM/YYYY

Name in full: Veda Pradurinarani

Address: #002 Sai chaitanya apartment; Gokul road.

Pincode: 580028

Phone: Mobile: 406199685 Email address: missveda@gmail.com

Date of Birth: 16/05/91 Occupation: Bank.

Marital Status: Married / Unmarried Date of Anniversary: / / Gender: Male / Female

Membership Duration: 07.02.22 to

Person to contact in case of emergency:

Name: Abhay
Relationship: Spouse. Contact No.: 9773621255

Physician's Details:

Physician's Name:
Physician's Phone No.:

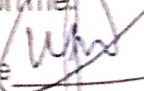
Interested in availing the following services from Xtreme Fitness.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Gym Membership / Complete Health Club Facility i.e. Gym, Cardio and Steam | <input type="checkbox"/> Massage and Steam | <input type="checkbox"/> Transform |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Reduce |
| | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Nuform |

GENERAL TERMS AND CONDITIONS

1. Rights of Admission Reserved
2. Xtreme Fitness is open to members of all communities irrespective of their caste or creed
3. All fees will be received strictly in advance at the time of admission
4. Services tax will be charged as applicable
5. Fees once paid will not be refunded under any circumstances
6. Member shall use the equipment/facilities with due care and caution and keep the same in its proper place after use. Any losses or damage to the equipment resulting from careless handling will have to be made good by the concerned member/s
7. Equipment installed at Xtreme Fitness are of high quality and are manufactured & supplied by agencies from outside India. Therefore, servicing (in case of breakdown) & maintenance duration may be affected due to supply of spares/customs clearance etc. or any other reason beyond the control of Xtreme Fitness.
8. Members shall avail the facilities at their own risk and liability and Xtreme Fitness will not be liable for any loss or damage arising from the same.
9. All the ancillary non-paid services being used by a member is at his/her own risk, (including but not limited to shower, valet parking etc)
10. Valuables/electronic gadgets/belongings brought and given by the members to keep in the locker for safe custody will be accepted strictly at the concerned members' risk. Xtreme Fitness will be not responsible for any loss or damage to the same.
11. Medical checkups are advisable from time to time - a no objection certificate from your physician is mandatory at the time of joining and/or subsequently from time to time at Xtreme Fitness request.
12. During the program, regular medical chek-ups, and/or treatment are recommended for member/s at their own cost.
13. Members enrolling by not disclosing a history of previous illness / ailments / operations / prior diet programs/ post-pregnancy etc do so at their own risk.
14. Any ailment occurring during the period of membership, after admission, has to be reported to Xtreme Fitness immediately.
15. Extension of the program is not permissible if the member is absent, or for any other reason whatsoever, at Xtreme Fitness for part/all days missed out during the period of membership.
16. Names of those members who are in arrears of fees will be struck off from the register and re-admission will be granted only after payment of arrears, and may also be subject to penalties, interest or late fees.
17. Inter-branch transfer can be given by paying the difference of fees of one particular branch to the other, at the discretion of Xtreme Fitness, However, no refunds in case of difference in fees are permitted.
18. Xtreme Fitness has the right to enforce rules and regulations from time to time and they are subject to change according to the prevailing condition in the center. A notice put up on the Notice Board will be deemed to have been served on all members.
19. Space available for usage to members may be increased / decreased as per circumstances / availability.
20. Time available decreased as per circumstances / availability
21. Dress Code: i. For Ladies: Slacks / Track suits / track suits. ii. For gents: track suits / track suits
22. Outside footwear will not be allowed in the gym some time and can be requested to carry their own
23. Members are requested to carry their own drinking water for hygienic reasons.
24. Results of the various training programs / specialized programs vary from person to person and are not guaranteed.
25. Admission fees of a member will be valid for 12 months after the expiry of membership.
26. No extra facilities will be provided to member/s other than what the member has paid for. Describe any physical condition here
27. Whenever there is a power cut or load shedding of power (generator etc.). Fitness is not bound to provide for any alternative power source
28. Members should maintain complete silence on premises. How often do you take your medical history is very important. * 1 - 3 days * Currently, are you taking any medicine? * No * If Yes
29. Use of mobile phone inside gym hall is strictly prohibited and in the other areas of Xtreme Fitness it should be in silent mode.
30. Members carrying out their own workout pattern at their own risk. Xtreme Fitness is not responsible for accidental damage caused due to unadvised use of schedule and/ or use of exercise equipment. Please mention any particular details
31. Xtreme Fitness can contact members for any promotion/ offer/scheme etc even after he/she has left a member. 1. History of a. chest b. stroke
32. The member agrees that in the event of any dispute between Xtreme Fitness and the member no proceedings shall lie against Xtreme Fitness in any court, tribunal, unless such dispute is referred to the Independent Arbitrator appointed by Xtreme Fitness in accordance with the Arbitration and Conciliation Act, 1996. The venue of the Arbitration shall be Hubli and the cost of the arbitral proceedings and the legal expenses payable to the arbitrator shall be borne equally by Xtreme Fitness and the member, and the arbitral award passed by the arbitrator shall be binding on Xtreme Fitness and the member. 2. More details a. heart b. Ar c. stroke
33. Membership is valid only after signing of disclaimer and/or disclaimer form/s.
34. It is the responsibility of the member to collect proper electronic payment receipt after making payment otherwise he will not be permitted to use the services. 3. E 4. 5
35. The members are permitted to use the services which are mentioned on the electronic payment receipt and not otherwise.
36. The member will not provoke/induce any of the Xtreme Fitness staff to give him any services for which he has not paid the adequate fees.
37. Members are not allowed to bring and not to accompany any person on the gym floor who is not a member of the gym.
38. Members are not allowed to bring any child or animal/bird etc. in the club.

I have carefully and truly read the above terms and conditions along with disclaimer and/or disclaimer form/s and am signing it of my own free will, with full knowledge that the same are binding on me.

Member's Signature 

Date: _____

MEDICAL HISTORY

Information is confidential. This history will not be shared with anyone without your written consent. Medical History is very important for both yourself and for us to understand what exercise regime will suit you. Please take some time and carefully fill in the details asked for below.

Are you taking any medications or drugs? If so, please list medication, dose and reason

- i. _____
- o. _____
- c. _____

Describe any physical activity you do regularly.

How often do you currently workout? * 1 - 3 days per week * More than 3 days per week * No, I had not worked out from last _____ months / year's

Currently, are you on any diet plan?
 * No * If Yes then please specify the details

Please mention if you are having or had any of the following:

Particulars	Yes	No
1. History of heart problems,	<input type="checkbox"/>	<input type="checkbox"/>
a. chest pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. More than one blood relative (parents, sibling, first cousin) had	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. heart attack or coronary heart disease before the age of 50 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Angina pectoris,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. sharp pain or heavy pressure in chest as a result of exercise, walking or other physical activities such as climbing stairs? (Note: this does not include the normal out of breath feeling that results from normal activity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Experienced rapid heart action or palpitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. A real or suspected rapid heart action or palpitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. A real or suspected heart attack, Myocardial infarction, Coronary insufficiency or thrombosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Taken nitroglycerine or any other tablet for chest pain-tablets you take by placing them under the tongue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. a. High blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Ever taken any medication to lower your blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Ever taken special diet to lower your cholesterol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Difficulty in carrying out physical exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Advice from physician not to exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Suffering from asthma?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Suffering from Rheumatic fever?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you drink alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Recent surgery (last 12 months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Pregnancy (now or within last 3 months) or	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Any gynecological disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are you under a lot of stress?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. History of breathing difficulty or lung problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Muscle Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Joint or back disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature:

Particulars

21. Any previous injury
22. Diabetes or thyroid condition
23. Cigarette smoking habit
24. Obesity (more than 20% over ideal body weight)
25. Increased blood cholesterol
26. Hernia
27. Any condition that has been aggravated by lifting weights
28. Any surgery or fracture of bone, muscle pull, sprain, surgery, back pain
29. Impairment or disability, including a joint.
30. Bone or muscle problem that should be considered before you undertake an exercise program?
31. Do you engage in regular exercise?
32. Do you take dietary supplements? if yes mention duration
33. Taking steroids in the past or currently with or without the doctor's consent?
34. Do you have frequent falls/lose consciousness/balance?
35. Please elaborate on the positive answers above

Please check problems you've observed. Circle items that are frequent or severe.

Head and neck		Heart Circulation system		Digestive	
Headache	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Bloating	
Neck pain/tightness	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Constipation	
Lump or swelling	<input type="checkbox"/>	Swelling in feet or ankles	<input type="checkbox"/>	Diarrhoea	
Other _____		Leg cramps	<input type="checkbox"/>	Other _____	
		Varicose/spider veins	<input type="checkbox"/>		
		Other _____			
Eyes		Female Genito/ Urinary		Skin	
Blurred vision	<input type="checkbox"/>	Last Period ___/___/___		Bruise easily	
Do you wear contacts	<input type="checkbox"/>	Pregnant? Due ___/___/___		Any open cuts or sores	
Do you wear glasses	<input type="checkbox"/>	Lump or pain in breasts	<input type="checkbox"/>	Skin allergies	
Excessive or too little tearing	<input type="checkbox"/>	Menstrual cramps	<input type="checkbox"/>	Tender areas on skin	
Other _____		Urinary Tract Infection	<input type="checkbox"/>	Infection or information	
		Pain in genitals/groin	<input type="checkbox"/>	Other _____	
		Other _____			
Musculoskeletal		Male Genito/Urinary		Nervous System	
Achind Muscles	<input type="checkbox"/>	Painful/ Slow Urination	<input type="checkbox"/>	Difficulty in relaxing	
Muscles sore to touch	<input type="checkbox"/>	Nighttime Urinary Frequency	<input type="checkbox"/>	Difficulty in sleeping	
Aching joints	<input type="checkbox"/>	Urinary Tract Infection	<input type="checkbox"/>	Other _____	
Chronic low back problems	<input type="checkbox"/>	Pain in genitals/ groin	<input type="checkbox"/>		
Chronically tired	<input type="checkbox"/>	Other _____	<input type="checkbox"/>		
Respiratory System		Difficulty in doing physical tasks please list			
Easily out of breath	<input type="checkbox"/>	_____			
Airborne allergies	<input type="checkbox"/>	_____			
Other _____		_____			

all problems diagnosed by a doctor. Circle if you're currently being treated.

Abdominal hernia	<input type="checkbox"/>	Heart Disease What type?	<input type="checkbox"/>	Severe neurological disorder	<input type="checkbox"/>
Abdominal wall injury	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Severe venous or arterial circulatory disorder	<input type="checkbox"/>
Arthritis/Rheumatism	<input type="checkbox"/>	Implants Fever, acute bacterial or viral infections	<input type="checkbox"/>	Sprains/dislocations	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Infection or inflammation	<input type="checkbox"/>	Stroke/CVA/TIA	<input type="checkbox"/>
Bleeding tendency, haemophilia	<input type="checkbox"/>	Inguinal hernia	<input type="checkbox"/>	Thrombosis/ Phlebitis	<input type="checkbox"/>
Broken bones please list	<input type="checkbox"/>	Kidney/ prostate/ bladder	<input type="checkbox"/>	TMJ (Jaw)Dysfunction	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	Lactating	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Lupus Erythematosus	<input type="checkbox"/>	Tumours/Cancer	<input type="checkbox"/>
Carpal Tunnel Syndrome	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	Ulcer/Colitis/Diverticulitis	<input type="checkbox"/>
		Multiple Sclerosis	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>		
Disk problem (slipped, herniated, bulging)	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>		
Emphysema	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>	A pacemaker	<input type="checkbox"/>		
Fibrositis/ Fibromyalgia	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>		

Any other ailments please specify _____

Comments _____

I, _____ have read the above and filled the same after due thought and consideration. In case any of the above details are not true or accurate and I suffer from any event as a consequence thereof, the management of Xtreme Fitness will be in no way responsible/liable for the same or any consequences thereof.

Explained to me in a language I understand. _____

Signature & Name of person explaining and language in which explained _____


Name of Front Desk Officer

Signature of Front Desk Officer

Member's Signature:

Member's Name

- A. I do hereby give my consent to participate in the physical fitness exercise/program/package conducted at Xtreme Fitness club/studios:
1. I know and which been informed about the benefits of exercise, which include increased work capacity improved cardiovascular efficiency increased muscular Strength flexibility, power and endurance. I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone).
 2. Exercise may include aerobic activities. (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.
 3. 'I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease, but such effects cannot be guaranteed'
 4. 'I understand that the reaction of the heart, lung and blood vessel system to exercise cannot always be predicted with accuracy. I know and accept that there is a risk of certain abnormal changes occurring during or following exercise, which may include but not be restricted to abnormalities of blood pressure or heart attacks. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed, and sometimes may occur in spite of them.'
 5. 'I understand and confirm that Xtreme Fitness shall not be liable for any damage arising from injuries sustained by me while and during the exercise programme or thereafter.'
 6. 'I recognize that the use of Xtreme Fitness is strictly voluntary and acknowledge that some of the activities in which the undersigned may engage will include strenuous physical, exercise or activity, and understanding this, I firmly and unequivocally state that I have no medical, physical, mental or emotional health conditions, which would hinder or prevent my active participation in such activities.
 7. 'I am also aware of the risk involved in physical exercise. I hereby warrant that I am physically fit and possess adequate health to participate in the exercise programme of Xtreme Fitness. I understand that the choice on participate brings with it the assumption of those risks and results which are part of these activities, and understand it is my sole responsibility to obtain medical clearance if there is any doubt in my mind as to my health and fitness status.
 8. 'I further understand that it can be dangerous to use the equipment located at Xtreme Fitness unless I am familiar with the proper methods for its use. I agree to obtain competent instructions as to the proper methods of using exercise equipment if I am not already familiar with such methods.'
 9. 'I (in the event the member is under 18 years of age, member's parent or guardian) hereby assume full responsibility for all risk of injury or loss which may result from the my / my ward's use of Xtreme Fitness and hereby agree to indemnify and hold harmless, release and forever discharge Xtreme Fitness and its directors, partners, agents, employees, and other representatives, from any and all acts of negligence and all claims, demands, and liabilities whatsoever, which I / my ward, any third person, or any persons acting on my/ my ward's behalf have or may have against any of said indemnified parties, by reason of any accident illness, injury to or death of any person or persons, or damage to or loss or destruction of any property
 10. The terms of this release will serve as a full assumption of risk for my / my ward's heirs, estate administrators for all of my / my ward's family members.
 11. 'I understand and agree that before/during/after my participation in Xtreme Fitness, my progress and may be used by Xtreme Fitness to demonstrate progress and results to clients and for advertising purposes.'
 12. 'I also understand that the testing and evaluation of my Fitness is not intended to replace any other medical services of my physician.'
 13. 'I agree that I am ultimately responsible for my health and safety. I have knowingly, voluntarily and intelligently consent to the services offered by Xtreme Fitness. In addition, I agree to comply with the attached rules and regulations and any amendments as decided from time to time by Xtreme Fitness.'
 14. 'I further acknowledge that I will use the facilities of Xtreme Fitness in a proper manner and I assume full responsibility. Members who provide access to the facilities assume full responsibility for any demands or liabilities which may result from such use. Additionally, any member who provides access to the facilities to a person who is not a member, to the Gym, for any reason whatsoever, risks the loss of membership, and further, Xtreme Fitness may think fit as per the laws of the land.'
 15. 'I also agree that the protection of my valuables in Xtreme Fitness is completely my responsibility and also know that the fees paid will not be refunded or transferred in case I am unable to use the facilities for any reason whatsoever. I have also given to understand that Xtreme Fitness does not recommend supplements which are sold in its branches otherwise but in case I consume on such recommendation then it will be at my own risk, cost and consequence thereof. I further agree that before consuming the supplement will take the opinion of my physician
 16. 'I understand and agree that there is likely to be and there will be clinical and/or physical contact for the purpose of range of motion, pre/post workout stretching, and teaching of proper technique during workout, between the trainer and myself and with other members in case of joint performance of exercise.'
 17. 'I am informed and understand that Xtreme Fitness strongly recommend that each participant have some form of medical insurance for his/her own protection and submit clearance from my doctor before using the facility.'
 18. I am informed that intake of food/drinks is to be restricted before and after exercise and I agree to abide by the same and I am also informed that smoking is strictly prohibited to the person who is doing the workout.
 19. I am aware and have been informed that certain medical conditions may be precipitated, aggravated or caused by exercise and indemnify Xtreme Fitness against all such occurrences if and when they occur.
 20. I understand and accepts that equipment and/or any part of the surrounding including my own body may be slippery due to sweating and/or precipitation/ condensation of water or spread of oil and agree to take all due precaution prevent any accident arising out of slipping and/or falling due to such events. In case occurrence does occur, I will not hold Xtreme Fitness for such incident and indemnify them from all consequences thereof.
 21. I am aware that I will complete my workout as per the time line given by the gym manager.
 22. I am aware that I can use the treadmill or any other cardio machine on alternate days and this will not be more than 20 minutes.
 23. I understand and agree that for monitoring my attendance in the gym, the Xtreme Fitness can scan my palm through PVM/Biometric, or carry out any other suitable methods of identification as available from time to time.

Signature 

do hereby consent to the following other than the consent as mentioned in the Clause A here in above:

1. My workout time will be finalized before the personal training sessions will start.
2. My personal training sessions will be conducted strictly as per the scheduled time. The session cannot be started before the scheduled time or continued after the scheduled time.
3. I acknowledge that no extension of membership (for the sessions not attended) will be granted under any circumstances.
4. In case I am not present at the scheduled time of personal training session then I can be marked absent for that particular session.
5. I agree that the results from personal training may vary from person to person.
6. The personal training is strictly on an alternate day basis. However, I may opt for daily personal training on payment of additional fee.
7. I acknowledge that - a) In the conduct of the class or other activity, some physical contact will occur between myself and the instructor or myself and other members of the class; and b) I consent to that contact being made; and c) I will not hold Xtreme Fitness, the instructor or any other member of the class responsible for any injury or illness or physical/mental discomfort I may suffer in respect of that contact.
8. In case a personal trainer is absent, then the gym may provide a substitute personal trainer. In case I decline to take a substitute personal trainer, the personal training session will be marked as offered and refused. In case a personal trainer is absent and the gym is not able to arrange for substitute trainer, the training session for that particular day will be carried forward.
9. Experienced and/or in-house fitness trainers will provide undivided attention to the member, however, in case of injury or any other medical emergency, the gym will not be responsible or liable for the same. The gym will however, extend first aid and/or transport the person to a nearby medical facility, whereby the person will have to pay the medical bills himself/herself. An important aspect to be kept in mind is that the personal trainer is a fitness expert, meant to assist the member in using the health facilities for his or her betterment, not for providing errand services.

the massage therapist does not diagnose any physical or mental disorder. As the massage therapist prescribes neither medical nor drugs nor performs any manipulation.

It is clear to me that this massage is not a medical examination and/or diagnosis and that I must see a physician for any physical condition.

The massage therapist must be aware of existing conditions. I have declared and stated all my it upon which the massage therapist updated on my known conditions in the prescribed for and take it upon myself.

The massage therapist updated on my physical health, and informed that various media (substance) like oil, lotions and other substances will be used as part of the massage. I have been informed that the use of such substances can occasionally cause reaction and/ or side effects. I will not hold the masseur or Xtreme Fitness responsible for the same.

I am informed that the flooring and other equipments may become slippery or difficult to walk on and I will make every effort to be extra while on the massage. In case any adverse reaction occurs due to such circumstances I will not hold the management or staff of Xtreme Fitness responsible for the same.

_____ are the areas here that I do not want to be touched by any massage therapist during the massage:

If I am opting for appointing the Personal Trainer then I

I hereby declare that with the best of my knowledge I had given all the true and correct information in the registration form, General Terms and Conditions for admission in health club, health inventory questionnaire and consented the above consent after reading after it carefully and fully understanding the meaning thereof.

I am interested in availing the following services from Xtreme Fitness:

Service Details	Date	Signature

Signature of the Member

Signature of Parent or Guardian
(If guardian kindly attach proof of legal guardianship)

FOR OFFICE USE ONLY

Fees : _____ Paid Date : _____
 Course : _____ Rec. No. : _____
 Balance (if any) : _____ Due Date : _____
 Counsellor's Sign : _____



FITNESS

ACTIVATION FORM

I Veda PN Phone No 9106199685 Date: 6/2/2022
would like to activate my package from 7/2/22 the member of XTREME FITNESS

Package Details:

Reg. No : _____

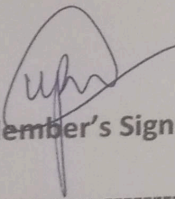
Package : CHF

Duration : 3 months

From : 7/2/2022 to 6/5/2022

Note :

- Activation date cannot be changed once billing is done (irrespective of your presence in gym). Hence make sure before you mention the activation date.
- If absent for more than 15 days at a time then member can opt for freezing facility (FREEZING FEES applicable) based on the eligibility and will be applicable only if intimated during the package is active, once package is expired freezing is not possible.
- All packages are non-refundable.
- Package will not be paused/stopped irrespective of any reason.


Member's Signature

FD's Signature

Office Use:

FD Name: _____

Manager's Signature: _____

Remarks if any: _____