



GUARDIAN PARENTS PROGRAM

METTA MAMA & MAGGHA FOUNDATION



SIGN UP FORM

GUARDIAN PARENT DETAILS

NAME : _____

ADDRESS : _____

CITY / TOWN : _____

NATIONALITY : _____

PHONE NUMBER : _____

EMAIL : _____

SUPPORT DETAILS

BABY NAME : _____

SUPPORT PACKAGE : MEDICAL (100\$ / month)
 MEDICAL & NUTRITIONS (150\$ / month)
 MIDWIVES & NUTRITIONS (250\$ / month)

SUPPORT PERIOD : 12 MONTHS
 24 MONTHS
 36 MONTHS

REASON TO JOIN THE PROGRAM : _____

PHOTOS : _____

Parents

Baby

By signing this letter I agree with the terms and conditions that I have chosen.

Date : _____

Guardian Parent Signature : _____

INDONESIAN RUPIAH ACCOUNT

Bank Negara Indonesia (BNI)
 Acc. Name : Metta Mama & Maggha
 Acc. Number : 365.228.034
 Swift Code : BNINIDJA
 Branch : BNI Renon, Denpasar

Bank Central Asia (BCA)
 Acc. Name : Metta Mama & Maggha
 Acc. Number : 6700.660.999
 Swift Code : CENAIDJA
 Branch : BCA Sanur, Denpasar

AUSTRALIAN DOLLAR ACCOUNT Commonwealth Bank (AUD Only)

Acc. Name : Vivi Monata Sandra Tendean
 Acc. Number : 272.0000.556
 Swift Code : BICNIDJA
 Branch : Commonwealth Denpasar - Bali