RESTRICTED



Kindly enclose 2 copies passport size photographs

PROPOSAL FORM	
CIVILIANS	

1.	TYPE OF MEMBERSHIP APPLIED FOR:					
2.	ENTR	ANCE FEES (NON-REFUNDABLE):				
	a.	Members Tk:				
	b.	Children of Members Tk:				
3.	MONT	THLY SUBSCRIPTION:				
	a.	Single Tk: per month				
	b.	Family Tk: per month				
4.	FULL	NAME OF APPLICANT WITH PERSONAL NO:				
	a.	(IN ENGLISH)				
	b.	(IN BENGALI)				
5.	FATH	ER'S NAME				
6.	NATIONALITY					
7.	PROFESSION/APPOINTMENT					
8.	OFFIC	TAL ADDRESS				
	e-mail.					
9.	PRESE	ENT ADDRESS				
	e-mail.					
10.		ANENT ADDRESS				
	e-mail.					
11.	DETA	ILS OF INCOME & INCOME TAX :				
	a.	Monthly Income:				
	b. form.	Certified true copy of current years income tax return to be attached with application / proposal				
	c. Income	Certified true copy of valuation or income tax return submitted to Income Tax Department by a Tax authority will be attached with application / proposal form.				
	d. form.	Certified true copy of paid income tax, Chelan will be attached with the application / proposal				

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12.		RIPTION OF PASS PORT:PA								
		SUE PIRY								
DAII	E OF EAR	- IK1	•••••	•••••						
13.	DESCI	DESCRIPTION OF FAMILY :								
	a.	Name of Spouse :								
	b.	b. Occupation of Spouse : (With Details)								
	c.	c. Children :								
	Sl/No	Name		Age	Date of Birth	Occupation				
14.	MEME	BERSHIP DETAILS OF OTHER	R GOLF CLUB (if a	ny):						
15.	OFFICIAL HANDICAP (if any):									
16.	PROPO	PROPOSED BY (any permanent member)								
	a.	NAME :			. MEMBER SH	IP NO				
	b.	b. SIGNATURE:								
17.	PAYM	PAYMENTS:								
	a. Canton	a. Upon joining the entrance fee is to be paid by cheque / pay order to the Savar Golf Club, Sava Cantonment.								
	b. of the o	b. Subsequently monthly subscription and other fees should be paid by cheque as per existing rule of the club.								
18. take p		by certify that, if I am accorded the activities of Savar Golf Club		Savar Go	olf Club, I shall	be obliged to regularly				
19.	Blood	Group :								
Date:					Si	ignature of Applicant				
FOR OFFICIAL USE		RECOMMENDATION		A	APPROVED					
1.	Membe	ership No								
2.	Identity	y Card No			3. /	John Court				
3.		ership granted	Chief Executive C Savar Golf Club	Officer	P	Iajor General resident avar Golf Club				
4.	Date		Date		D	ate				

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Photo 03 copies (Passport size)

DETAILS OF APPLICANT FOR GOLF CLUB MEMBERSHIP

1.	Name (ncluding personal nur	mber for	:				
		ex armed forces perso						
2.	Father's Name			:				
3.	Name o	f Husband (for lady ap	pplicant)	:				
4.	Nationa	lity		:				
5.	Present	occupation (Designati	ion/appointment)	:				
6.	Occupa	ional address and tele	phone number	:				
7.	Resider	tial address and telepl	none number	:				
8.	Perman	ent address and teleph	one number	:				
9.		of membership (Life, lete, General etc)	Permanent,	:				
10.	Details	of other Golf Club Me	embership (If any)	:				
11.	Details	of income & Income	Tax (To be attac	hed with	the applic	cation form, du	ıly certified	<u>)</u>
	a.	Monthly Income		:				
	b.	Current year's income	e tax return.					
	c.	Valuation or income	tax return submitte	ed to inco	me tax dep	partment by inco	ome tax auth	ority.
	d.	Paid income tax, Che	lan.					
12.	Details	of Passport (If any)						
	a.	Passport number & ty	pe	:				
	b.	Place and date of issu	e	:				
	c.	Issuing authority		:				
13.								
	a.	Husband/Wife						
	(1)	Name		:				
	(2)	Details of occupation	(Including addres	s):				
	b. <u>Details of Children</u>							
		Sl/No	Name		Age	Occur	oation with a	address
		51/110	Name		Age	Occup	auon with	aduress
		<u> </u>		Į.		<u> </u>		
	Date	:				(Signature of	applicant)
1.4	D	1.7 60 100	1					
14.		nendation of Golf Clu are with official seal).	D:					
	(2.5mat	· · · · · · · · · · · · · · · · · · ·						

Extra paper may be used to complete the application form.)

(Note: