RESTRICTED



SAVAR GOLF CLUB SAVAR CANTONMENT

PROPOSAL FORM

DIPLOMATS & EXPATRIATES

Kindly enclose 2 copies passport size photographs

Serial:....

Date :

| 1. | TYPE | OF MEMBERSHIP APPLIED FOR : | | | | | |
|-----|--|---|--|--|--|--|--|
| 2. | ENTR | ANCE FEES (NON-REFUNDABLE) : | | | | | |
| | a. | Members Tk: | | | | | |
| | b. | Children of Members Tk: | | | | | |
| 3. | MON | 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 | IER'S NAME | | | | | |
| 6. | NATI | ONALITY | | | | | |
| 7. | PROF | ESSION/APPOINTMENT | | | | | |
| 8. | OFFIC | CIAL ADDRESS | | | | | |
| | e-mail | | | | | | |
| 9. | | ENT ADDRESS | | | | | |
| | e-mail | | | | | | |
| 10. | | IANENT ADDRESS | | | | | |
| | e-man | | | | | | |
| 11. | DETAILS OF INCOME & INCOME TAX : | | | | | | |
| | a. | Monthly Income: | | | | | |
| | b. Certified true copy of current years income tax return to be attached with application / proposal form. | | | | | | |
| | c. Certified true copy of valuation or income tax return submitted to Income Tax Department by Income Tax authority will be attached with application / proposal form. | | | | | | |
| | d. form. | Certified true copy of paid income tax challan will be attached with the application / proposal | | | | | |

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| 12. | | RIPTION OF PASS PORT : PA | | | | | | | | |
|------------------|--|--|--|----------|-------------------|---|--|--|--|--|
| | | SUE PIRY | | | | | | | | |
| 10 | | | | | | | | | | |
| 13. | DESCRIPTION OF FAMILY : | | | | | | | | | |
| | a. | Name of Spouse : | | | | | | | | |
| | b. Occupation of Spouse : (With Details) | | | | | | | | | |
| | c. | Children : | | | | | | | | |
| | Sl/No | Name | | Age | Date of Birth | Occupation | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 14. | MEME | BERSHIP DETAILS OF OTHE | R GOLF CLUB (if a | nv): | | I | | | | |
| 15. | MEMBERSHIP DETAILS OF OTHER GOLF CLUB (if any): OFFICIAL HANDICAP (if any): | | | | | | | | | |
| 16. | PROPOSED BY (any permanent member) | | | | | | | | | |
| | a. NAME: | | | | | | | | | |
| | b. SIGNATURE: | | | | | | | | | |
| 17. | PAYMENTS: | | | | | | | | | |
| | a. Upon joining the entrance fee is to be paid by cheque / pay order to the Savar Golf Club, Sava Cantonment. | | | | | | | | | |
| | b. Subsequently monthly subscription and other fees should be paid by cheque as per existing rule of the club. | | | | | | | | | |
| 18. take p | | y 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 : | | | | | | | | |
| | | | | | | | | | | |
| | | | | | S | ignature of Applicant | | | | |
| FOR OFFICIAL USE | | | RECOMMENDATION | | | PPROVED | | | | |
| 1. | Membership No | | | | | | | | | |
| 2. | Identity Card No | | | | | Salan Camanal | | | | |
| 3. | Membership granted with effect from | | Chief Executive Officer Savar Golf Club | | | Iajor General resident avar Golf Club | | | | |
| 4. | Date | | Date | | D | ate | | | | |
| | | | | | | | | | | |

RESTRICTED

Photo 03 copies (Passport size)

DETAILS OF APPLICANT FOR GOLF CLUB MEMBERSHIP

| 1. | | (Including personal number for y/ex armed forces person) | : | | | | | |
|-------|---|--|-------------|-------------|-----------------------------------|--|--|--|
| 2. | Father' | 's Name | : | | | | | |
| 3. | Name o | of Husband (for lady applicant) | : | | | | | |
| 4. | Nationality | | | | | | | |
| 5. | Present occupation (Designation/appointment) | | | | | | | |
| 6. | Occupational address and telephone number | | | | | | | |
| 7. | Residential address and telephone number | | | | | | | |
| 8. | Perman | nent address and telephone number | : | | | | | |
| 9. | Nature of membership (Life, Permanent, Corporate, General etc) | | | | | | | |
| 10. | Details | ils of other Golf Club Membership (If any): | | | | | | |
| 11. | Details of income & Income Tax (To be attached with the application form, duly certified) | | | | | | | |
| | a. | Monthly Income | : | | | | | |
| | b. | Current year's income tax return. | | | | | | |
| | c. | Valuation or income tax return submit | ted to inco | me tax dep | partment by income tax authority. | | | |
| | d. | d. Paid income tax, Chelan. | | | | | | |
| 12. | Details | s of Passport (If any) | | | | | | |
| | a. | Passport number & type | : | | | | | |
| | b. | Place and date of issue | : | | | | | |
| | c. | Issuing authority | : | | | | | |
| 13. | Family Details | | | | | | | |
| | a. | <u>Husband/Wife</u> | | | | | | |
| | (1) | Name | : | | | | | |
| | (2) | Details of occupation (Including addre | ess): | | | | | |
| | b. | Details of Children | | | | | | |
| | | Sl/No Name | | Age | Occupation with address | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Date | : | | | (Signature of applicant) | | | |
| | Date | • | | | (Signature of applicant) | | | |
| 14. | | mendation of Golf Club: ture with official seal). | | | | | | |
| (Note | : | Extra paper may be used to complete t | the applica | tion form.) | | | | |