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Kindly enclose 4 copies passport size photos for each applicants

SAVAR GOLF CLUB SAVAR CANTONMENT PROPOSAL FORM CORPORATE MEMBERSHIP

MEMBERSHIP OF 3/5 PERSONS: (Please tick (√) the desired number of membership)
ENTRANCE FEES (NON-REFUNDABLE):	
a. FOR 3 MEMBERS Tk. b. FOR 5 MEMBERS Tk.	
MONTHLY SUBSCRIPTION:	
a. FOR 3 MEMBERS Tk.	(per month)
b. FOR 5 MEMBERS Tk.	(per month)
CORPORATE INFORMATIONS:	
a. NAME OF ORGANISTION/COMPANY	:
b. FULL ADDRESS OF ORGANISTION/Co	OMPANY:
	TEL NO :
e-mail:	FAX NO :
ADDRESS OF CORPORATE HEAD QUARTER	· C •
ADDRESS OF CORFORATE HEAD QUARTER	
e-mail:	FAX NO :
PARTICULAR OF PERSONS NOMINATED (IN	BLOCK CAPITAL) :
a. 1 st Nominee :	b. 2 nd Nominee :
(1) Name:	· /
(2) Nationality :	• • •
(3) Designation :	
(4) Telephone Number:	
Off:Res:	
e-mail:	
(5) Official Handicap (if any):	
(6) Blood Group :	. (6) Blood Group :
c. 3 rd Nominee :	d. 4 th Nominee :
(1) Name:	(1) Name:
(2) Nationality :	(2) Nationality :
(3) Designation :	() &
(4) Telephone Number:	
Off:Res:	
e-mail:	
(5) Official Handicap (if any):	• • • • • • • • • • • • • • • • • • • •
(6) Blood Group :	. (6) Blood Group :
e. 5 th Nominee :	
(1) Name:	
(2) Nationality :	
(3) Designation :	
(4) Telephone Number:	
Off:Res:	
e-mail:	
(5) Official Handicap (if any):	
(6) Blood Group :	

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7.	PRO	POSED BY (any permanent member):	GCILD						
	a.	NAME :	MEM	BERSHIP NO :					
	b.	SIGNATURE:							
8.	<u>PAY</u>	MENT TERMS :							
	a. Canto	a. Upon joining, the Entrance Fee is to be paid by cheque to the Savar Golf Club, Sava Cantonment.							
	b. club.								
		<u>CERTI</u>	FICATE						
	play	is to certify that, if and when I am accord golf and take part in all other activities of Similar activities a							
	SIGN	NATURE OF NOMINEE (S):							
	a.		b.						
	c.		d.						
	e.								
9.	<u>CER</u>	TIFICATE FROM THE HEAD OF TH	E ORGANISAT	TION / COMPANY :					
			NA	ME (IN BLOCK CAPITAL)					
	OFFI	CIAL SEAL:	DES	SIGNATION:					
			DA.	I.E					
10.	NOT								
		Club authorities reserve the right to accept of an incumbent at any time without assigning		omination of any person(s) or cancel the					
		RECOMMENDED / N	OT RECOMM	IENDED					
		Chief E Date : Savar C	xecutive Office Folf Club	r					
		APPROVED / N	OT APPROVI	E <u>D</u>					
		Major (Preside							
		Date: Savar C							
		CIAL USE :		Serial No :					
1. 2.		bership No :bership granted with effect from		Date :					
-		receipt of entrance fee)							

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Photo 03 copies (Passport size)

DETAILS OF APPLICANT FOR GOLF CLUB MEMBERSHIP

1.	Name (Including personal number for serving/ex armed forces person)			:					
2.	Father's Name			:					
3.	Name o	f 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	ermanent address and telephone number							
9.	Nature of membership (Life, Permanent, Corporate, General etc)								
10.	Details	s of other Golf Club Membership (If any):							
11. <u>Details of income & Income Tax (To be attached with the application form, duly certified)</u>									
	a.	Monthly Income		:					
	b.	Current year's incor	ne tax return.						
	c.	Valuation or income	e tax return submitte	ed to inco	me tax dep	partment by income tax authority.			
	d.	Paid income tax, Ch	elan.						
12.	Details	of Passport (If any)	1						
	a.	Passport number &	type	:					
	b.	Place and date of iss	sue	:					
	c.	Issuing authority		:					
13.	Family	<u>Details</u>							
	a.	<u>Husband/Wife</u>							
	(1)	Name		:					
	(2)	Details of occupatio	n (Including addres	s):					
	b.	Details of Children	<u>!</u>						
		Sl/No	Name		Age	Occupation with address			
	Date	:				(Signature of applicant	-		
	Date	•				(Signature of applicant	,		
14. Recommendation of Golf Club: (Signature with official seal).									
	(Dignature with official seal).								

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

(Note: