

APPLICATION FOR DEPENDANT MEMBERSHIP

Member's Name:						
Member's Dependant	Name					
Membership No. (India	Club)					
Dependant Children:		Son		Daughter		
Dependant cilidren.		3011	Ш	Daugittei		
Dependant Parents:		Father		Mother		
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					BADGE	
					DORLET DASS	
					CLUB++	
					NL	
					COURT	
Documents:-					SMS	
					FAX	
Yes No ☐ ☐ > P	assport Co	ру				
□ □ > v	isa Copy					
∐	mirates Co	ру				
Date of Joining.						







PLEASE AFFIX ONE RECENT PASSPORT SIZE COLOUR PHOTO HERE.

Dependent 1

22. Primary Member's Signature: _

Amount

PARTICULAR OF DEPENDANTS (Children above 21 or Parents above 60)

PLEASE AFFIX ONE RECENTPASSPORT SIZE COLOUR PHOTO HERE.

Dependent 2

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1. Name		=			
2. D. O. B					
3. P. P. No		_			
4. P. P. Validity					
5. Visa Valid Till					
6. Emirates ID No.		_			
7. Tel./Mobile		_			
8. Relation with primary member	: Son / Daughter /	Father / N	Mother	Son / D	aughter / Father / Mother
9. Dependent Member Signature	!	_			
10. Primary Member's Name		_			
11. Primary Member's Signature:	:	<u>=</u>			
Amount	_Receipt No		Date		
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PLEASE AFFIX ONE					PLEASE AFFIX ONE
RECENTPASSPORTSIZE					RECENTPASSPORTSIZE
COLOUR PHOTO HERE.					COLOUR PHOTO HERE.
Dependent 3					Dependent 4
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12. Name		-			
13. D. O.B		_			
14. P. P. No	_	_			
15. P. P. Validity		_			
16. Visa ValidTill		-			
17. Emirates IDNo.		_			
18. Tel./Mobile		_			
19. Relation with primary member	: Son / Daughter /	Father / N	Mother	Son / D	aughter / Father / Mother
20. Dependent Member Signature		_			
21. Primary Member's Name		_			

I hereby declare that the above details are true and I understand that if found otherwise my membership is liable to be cancelled. I declare having read and understood the constitution, bye-laws and other regulations of the club and agree to abide by the same. I AGREE TO ABIDE BY THE LOCAL LAWS.

Date

I hereby indemnify the club and its agents against any claim whatsoever for any loss, damage or injury attributable in whole or Part to any omission on the part of the Club or its agents.

Receipt No.