



KARNATAKA GOLF ASSOCIATION

No.1 Golf Avenue, Kodihalli, Off. Airport Road, P.O. Box 817, Bangalore – 560008
Tele: 080-40090041 / 44, Fax: 080-25217348 Email: golf@kga.in Website: www.kga.in

APPLICANT PERSONAL DATA FORM

We are in a process of updating Members record, hence we request you to fill this form and return it to enable us to update the information. Kindly ensure that you complete all the details concerning your spouse and dependents also.
PLEASE FILL UP IN CAPITAL LETTERS.

1. FULL NAME

2. DATE & PLACE OF BIRTHGENDER M/F.....

3. NO. OF YEARS RESIDENT IN KARNATAKA.....

4. NATIONALITYPAN NUMBER.....

5. EDUCATIONAL QUALIFICATION

6. PROFESSION OR OCCUPATION

7. DESIGNATION

8. FATHER'S NAME

9. MOTHER'S NAME

10. ADDRESS

a. RESIDENTIAL ADDRESS

.....

Telephone Number..... Mobile Number.....

Email ID

b. OFFICE ADDRESS : COMPANY NAME

.....

.....

Telephone Number..... Email ID.....

PREFERRED BILLING ADDRESS (✓)

RESIDENCE

OFFICE

11. MY FATHER /MOTHER IS A MEMBER OF KGA - MEMBERSHIP NO.....SINCE.....

12. NUMBER OF YEARS RESIDENT IN KARNATAKA

13. MEMBERSHIP OF OTHER CLUBS

SL.NO.	NAME OF THE CLUB	CATEGORY OF MEMBERSHIP	SINCE

14. IF YOU ARE A GOLFER: HANDICAP HELD..... ATGOLF CLUB.

15. MARITAL STATUS DATE OF MARRIAGE

16. SPOUSE'S NAMEDATE OF BIRTH.....

17. EDUCATIONAL QUALIFICATION (Spouse)..... PROFESSION.....

18. MOBILE NUMBER.....EMAIL ID.....

<p>.....</p> <p>SIGNATURE OF MEMBER</p>	<div style="border: 1px solid black; padding: 10px;"> <p>PHOTO OF MEMBER</p> <p>1 to be Pasted + 1 to be submitted to KGA Office.</p> </div>	<p>.....</p> <p>SIGNATURE OF SPOUSE</p>	<div style="border: 1px solid black; padding: 10px;"> <p>PHOTO OF SPOUSE</p> <p>1 to be Pasted + 1 to be submitted to KGA Office.</p> </div>
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19. **DETAILS OF DEPENDENTS**

i. Name

Date of Birth..... Gender: M F

Playing Non Playing

Signature

PHOTO

1 to be Pasted + 1 to be submitted to KGA Office.

ii. Name

Date of Birth..... Gender: M F

Playing Non Playing

Signature

PHOTO

1 to be Pasted + 1 to be submitted to KGA Office.

iii. Name

Date of Birth..... Gender: M F

Playing Non Playing

Signature

PHOTO

1 to be Pasted + 1 to be submitted to KGA Office.