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 BIRTH ....GENDER M/F.......................

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

4. NATIONALITY ....PAN 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……………………………… AT ………………………………………………………………GOLF CLUB.

15. MARITAL STATUS ………………………………………………… DATE OF MARRIAGE …………………………………………………………………..

16. SPOUSE'S NAME ……………………………………………………………………………DATE OF BIRTH……………………………………………………

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

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

....
SIGNATURE OF MEMBER

PHOTO OF MEMBER

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

....
SIGNATURE OF SPOUSE

PHOTO OF SPOUSE

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

19. DETAILS OF DEPENDENT CHILDREN (**below age of 25 years**):

i. Name ………

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

   Playing ☐   Non Playing ☐

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

Signature

ii. Name …………………………………………………………………………………………………

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

   Playing ☐   Non Playing ☐

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

Signature

iii. Name …………………………………………………………………………………………………
    Date of Birth……………………………………………….. Gender: M ☐ F ☐

    Playing ☐   Non Playing ☐

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

Signature