Photo 02 Copies (Passport Size)



BHATIARY GOLF AND COUNTRY CLUB, (BGCC), BHATIARY, CHITTAGONG MEMBERSHIP APPLICATION FORM

1.	Full Name (Capital Letter):		
2.	Rank / Designation:		
	Profession:		Appointment:
	Organization:		
	Nationality:		Date of Birth:
3.	Official Address:	• • • • • •	
	Tel:		Mobile:
	Fax:		E-mail:
4.	Residential Address:		
	Tel:		Personal Mobile:
	E-mail:		Fax:
5.	Handicap (if any):		(Please attach handicap certificate)
6.	Membership category: (Plea	ase tic	k (♥) in the appropriate place)
	☐ Corporate Member		Life Member
	☐ Permanent Member		Service Member (Defence Services Officer)
	☐ Service Member (Retin	red De	fence Officer)
	☐ Expatriate Member		Nominee of Eternal Founder/Corporate Member
	☐ Single Lady Member		Foreign Diplomat Member

1.	Proposed / Recommended by any Permanent/Life (B)/Corporate/Service/Eternal
	Founder member of Bhatiary Golf and Country Club (Except EC Member of BGCC).
	a. Name:
	Mobile: E-mail:
	b. Membership No:
	c. Signature:
8.	Seconder by any Permanent/Life (B)/Corporate/Service/Eternal Founder member of
	Bhatiary Golf and Country Club (Except EC Member of BGCC).
	a. Name:
	Mobile: E-mail:
	b. Membership No:
	c. Signature:
9.	Payment Terms: Entrance Fee Tk:
	<u>CERTIFICATE</u>
Club, regul	is to certify that if and when I am accorded the membership of Bhatiary Golf and Country, I shall take part in regular activities of the club as per existing policy, abide by rules and ations of the club, failing which my membership is liable to be suspended / terminated. decision of the club will be final and binding on all matters relating to club discipline and ities.
Date:	Signature of Applicant
10.	RECOMMENDED / NOT RECOMMENDED
Date:	President, Scrutiny Committee Bhatiary Golf and Country Club

Vice President (Administration & Finance) Bhatiary Golf and Country Club 12. APPROVED / NOT APPROVED President

RECOMMENDED / NOT RECOMMENDED

Bhatiary Golf and Country Club

11.

Date:

DETAILS OF APPLICANT FOR GOLF CLUB MEMBERSHIP

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l.	Name (Block Capital Lette	r): 	
2.	Personal Number (Serving	/ Ex Armed forces person):	
3.	Father's / Husband's Nam	· · · · · · · · · · · · · · · · · · ·	.
4.	Date of Birth:		
5.	Place of Birth:		
6.	Identification Mark:		
7.	Religion:		
8.	Nationality:		
9.	Blood Group:		
10.	Present Occupation (Desig	nation / Appointment):	
11.	Official / Occupational Ad	dress:	
	Tel:	Mobile:	
	Fax:	E-mail:	
12.	Residential / Present Addr	ess and Telephone Number:	
	Tel:	Mobile:	•••••
	Fax:	E-mail:	
13.	Permanent Address and Te	lephone Number:	
	Tel:	Mobile:	
	Fax:	E-mail:	

14.	Cat	tegory of Membership:									
		Corporate Member L	Life Member								
		Permanent Member S	Service Member (Defence Services Officer)								
		Service Member (Retired Defer	nce Officer)								
		Expatriate Member Nominee of Eternal Founder/Corporate Member									
		Single Lady Member □ F	Foreign Diplomat Mem	nber							
15.	Det	tails of other Golf Club's Member	ership (if any):								
Se	r	Name of Clubs/Organizations	Type of Membership	Membership Number	Joining Date						
1											
2											
3											
4											
5											
16.		tails of income & income tax (to tified):	be attached with the	e application fo	orm duly						
	a.	Monthly Income: (Please attack	ch nhotocony)								
	и. b.	Current year's income tax retu									
	c.	Valuation or income tax return	·								
	d.	Paid income tax chalan. (Bank	`	107							
		photocopy)	j	1 / (
	e.	TIN Certificate: (Please attach	n photocopy)								
	f.	National ID No: (Please attach									
	g.	Educational Certificate: (Pleas	se attach photocopy of	HSC and Abo	ve)						
	h.	Testimonial Certificate: (Pleas	se attach photocopy of	HSC and Abo	ve)						

	a.	Passport No & type:									
	b.	Place and date of issue:									
	c.	Issuing authority:									
18.	<u>Det</u>	ails of Spouse: (Expatriates are requested to attach photocopy of Passport, Page 1-5).									
	a.	Name of Spouse:									
	b.	Occupation (Including address):									
19.	<u>Det</u>						by of passport, Page 1-5).				
S	er	Name	Date of	f Birth	Occ	upation	Present / Occupational Address with Tel No.				
1	l.						riddioss with refixe.				
2	2.										
3	3.										
4	1.										
5	5.										
20.	Ed	ucational Qualifications:		l							
S	Ser	Name of Examination		Ye	ear	Name o	f Institution & Board / University				
	1.										
	2.										
	3.										
	4.										
	5.										

<u>Details of Passport (if any)</u>: (Please attach photocopy of passport, Page 1-5).

17.

21.	Reference :	Two	persons	having	good	social	standing:

Ser	Name	Occupation with designation / Rank	Address & Contact No.	Remarks
1.				
2.				

Date:	Signature of Applicant
22. Official Seal	

ADDITIONAL INFORMATION FOR SECURITY CLEARANCE

1.	Na	Name of the Applicant (Block Capital):						
2.	Oc	Occupation (Please give details of your present & previous service):						
		• • • • • • • • • • • • • • • • • • • •						
3.	Na	tional ID No:			(enclose copy)			
4.	TI	N:						
5.	Enclose photocopy of Birth Certificate of applicant.							
6.	Particulars of Father, Mother, Brother & Sisters:							
	Ser				Whether			
		Name &	Full Address	Service/Profession	Dependent or			
		Relation			Not			
	1.							
	2.							
-	3.							

7. <u>Details of Children</u>: (Expatriates are requested to attach photocopy of passport, Page 1-5).

4.

5.

6.

Ser	Name	Date of Birth	Occupation	Present / Occupational
				Address with Tel No.
1.				
2.				
3.				
4.				
5.				

8. Educational Qualification:

Ser	Name of Examination	Year	Name of Institution & Board /
			University
1.			
2.			
3.			
4.			
5.			

9. Give details of membership of any social / professional organization:

Ser	Name of Clubs/Organizations	Type of	Membership	Joining Date
		Membership	Number	
1				
2				
3				
4				
5				

10.	Political Affiliation: (if you have affiliation with any political Affiliation)	olitical party).
11.	Any conviction / punishment awarded by any Court:	Give description (if yes):
		Signature of Applicant

(Note: Extra paper may be used to complete the application form)

Necessary documents to be attached with the application

FOR CIVILIAN / GOVT OFFICIALS / RETIRED SERVICE OFFICERS:

- 1. Monthly Income: (Photocopy)
- 2. Current year's income tax return form: (Photocopy)
- 3. Valuation or income tax return: (Photocopy)
- 4. Paid income tax chalan. (Bank Draft / Pay Order or Cheque): (Photocopy)
- 5. TIN Certificate: (Photocopy)
- 6. National ID No: (Photocopy)
- 7. Educational Certificate: (Photocopy)
- 8. Testimonial Certificate: (Photocopy)
- 9. 07 Copies Passport Size Photographs
- 10. Photo copy of passport (1-5 pages)
- 11. Membership of Other Golf Club (if any)

FOR DEFENCE OFFICERS:

- 1. 03 Copies Passport Size Photographs
- Other Golf Club Membership No & Membership ID Card (Photocopy)
- 3. Handicap Certificate. (Photocopy)





MEMBERSHIP APPLICATION FORM

ক্রোড়পত্র ক
সদর দপ্তর প্রতিরক্ষা গোয়েন্দা মহাপরিদপ্তর
পত্র নং ২৩.০১.৯০১.৮০০.০৩.০০৮.০১.
১০.১১.২০/পলিসি
তারিখঃ ১০ নভেম্বর ২০২০

গল্ফ ক্লাব/বোট ক্লাবের সদস্যপদের জন্য আবেদনকারীর জীবন বৃত্তান্ত

পাসপোর্ট সাইজের ছবি

W 1				age!	•
21	আবেদনকারীর নামঃ				
२।	পিতার নামঃ		Company of the Compan	renewation.	
91	মাতার নামঃ				
81	স্বামী/স্ত্রীর নামঃ				
21_	মোবাইল নম্বরঃ				•
91	ই-মেইল ঠিকানাঃ				
۱۴	জাতীয় পরিচয়পত্রের নম্বর ঃ				
71	টিআইএন নম্বর ঃ	-		•	*
0	পাসপোর্ট নম্বর ও মেয়াদ (যদি থাকে				,
01	পেশা (পদসহ)ঃ		100		•
120	কর্মস্হলের ঠিকানাঃ	77334 5 10			
١ .	বর্তমান বসবাসের ঠিকানাঃ				
5 1	স্হায়ী ঠিকানাঃ				•
rl	স্হায়ী ঠিকানা ঢাকা'তে দেখানো হলেও	3 প্রকৃত গ্রামের	ঠিকানাঃ*		
۱ د	মাসিক আয় ঃ	সিক আয় ঃ			
01	বিগত তিন অর্থ বৎসরের আয়কর	অর্থ বৎসর	পরিশোধিত করের পরিমান	মন্তব্য	- Farm
	প্রদানের বিবরণী			কর পরিশোধের রশিদ	
				সংযুক্ত করতে হবে টাকার পরিমান উল্লেখ থ	
					•
				(আবেদনকারীর স্বাক্ষর)	