



APPLICATION FORM FOR CORPORATE

**TENURE MEMBERSHIP**

**(KENSVILLE GOLF & COUNTRY CLUB)**

*(USE CAPITAL LETTERS)*

**BUSINESS DATA**

COMPANY NAME	DESIGNATION	
NATURE OF BUSINESS		
BUSINESS ADDRESS		
CITY	PIN	COUNTRY
TELEPHONE	TELEX	FAX

**(TENURE OF MEMBERSHIP IS 25 YEARS)**

**PERSONAL DATA - MEMBER 1**

NAME MR/MS/MRS/DR.	DESIGNATION	
NATIONALITY	PAN NO.	DATE OF BIRTH
E-MAIL ID	PH NO.	

**PERSONAL DATA - MEMBER 2**

NAME MR/MS/MRS/DR.	DESIGNATION	
NATIONALITY	PAN NO.	DATE OF BIRTH
E-MAIL ID	PH NO.	

**PERSONAL DATA - MEMBER 3**

NAME MR/MS/MRS/DR.	DESIGNATION	
NATIONALITY	PAN NO.	DATE OF BIRTH
E-MAIL ID	PH NO.	



**APPLICATION FORM FOR INDIVIDUAL  
(KENSVILLE GOLF ACADEMY)  
(USE CAPITAL LETTERS)**

**PERSONAL DATA**

NAME MR/MS/MRS/DR.		DATE OF BIRTH
NATIONALITY		OCCUPATION
PASSPORT NO.	VALID UPTO	ISSUED BY
E-MAIL ID	PAN NO.	

**STATUS**

INDIAN                       DIPLOMAT                       OTHER FOREIGN PASSPORT HOLDER

PRESENT RESIDENTIAL ADDRESS

CITY    PIN    COUNTRY

MOBILE    FAX

PERMANENT RESIDENTIAL ADDRESS

CITY    PIN    COUNTRY

MOBILE    FAX

**TYPE OF MEMBERSHIP**

PLATINUM PLUS (5 Yrs.)	<input type="checkbox"/>	PLATINUM (5 Yrs.)	<input type="checkbox"/>
GOLD (3 Yrs.)	<input type="checkbox"/>	SILVER (1 Yrs.)	<input type="checkbox"/>
BRONZE (6 Mth)	<input type="checkbox"/>	STANDARD (1 Mth)	<input type="checkbox"/>

\* As per terms of attached in rate card.

**BUSINESS DATA**

COMPANY NAME    DESIGNATION

NATURE OF BUSINESS (IN CASE OF CORPORATION)

BUSINESS ADDRESS

CITY    PIN    COUNTRY

MOBILE    TELEX    FAX

**CLUB MEMBERSHIP DATA**

CLUB NAME	CITY	TYPE OF MEMBERSHIP
_____	_____	_____
_____		
_____		
(GOLF HANDICAP IF ANY): SELF	SPOUSE	
_____	_____	

**DECLARATION**

The Membership Committee of the Kensville Golf Academy shall reserve the right to accept or reject the application of any applicant for Tenure Membership without assigning any reason and the applicant shall have no right to challenge the decision of the said Body.

I agree that the persons using the facilities of Kensville Golf Academy pursuant to this Tenure Membership are bound by and shall comply with the enclosed terms of Tenure Membership, the plan, rules and regulations of Kensville Golf Academy, as amended from time to time. I undertake to abide by and comply with the said conditions throughout the term of membership.

I understand that in the event of my application being rejected, all monies paid by me shall be refunded without interest.

I enclose herewith a cheque for Rs. \_\_\_\_\_  
in favour of **Millennium Park Holdings Pvt. Ltd.**, drawn on \_\_\_\_\_  
vide cheque No. \_\_\_\_\_ dt. \_\_\_\_\_ being amount due.



SIGNATURE OF APPLICANT

DATE

**ENCLOSURES: 2 PASSPORT SIZE PHOTOGRAPHS OF SELF**

This application form must be submitted with all the information sought in order to be processed

**FOR OFFICE USE ONLY**

Approved for Tenure Membership \_\_\_\_\_  
Valid from \_\_\_\_\_ to \_\_\_\_\_  
Tenure Membership No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Academy Managed by :



**Brandon de Souza**  
MANAGEMENT SERVICES  
**MELANGE MANAGEMENT SOLUTIONS PVT. LTD.**  
E-135/136, 2nd Floor,  
Amar Colony, Lajpat Nagar-IV New Delhi-110024,  
Tel. : 011-26215761/62, Fax : 011-26215760