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GOLF PRACTICING FEES – APPLICATION

S.NO:	ID NO:		
CATEGORY:			
NAME:			Photo
DATE OF BIRTH	: GE	NDER: M / F	
NATIONALITY:			
COMPANY NAM	E:		
DESIGNATION:			
OFFICE ADDRES			
	MOBILE:		
E-MAIL:			
	DRESS:		
	MOBILE:		
	rms of the Golf Practicing Fees		ations of AKDR Golf Village.
Signature:	Date	:	
		ICE USE	
D.O.I.	EXPIRY:		
PAYMENT:	DATE:		
SIGN:			

GOLF PRACTICING FEES – CORPORATE

NOMINEE PHOTOGRAPHS & SIGNATURE

	NAME	SIGNATURE
Photo		

GOLF PRACTICING FEES – FAMILY

DEPENDENTS' PHOTOGRAPH & SIGNATURE

	NAME	SIGNATURE
Photo		
Distri		
Photo		
Photo		