



# THE DELHI GOLF CLUB LTD.

Dr. Zakir Hussain Road, New Delhi - 110 003

Tel.: 24307100, Fax : 24365104

I ..... state that the following are my biological/adopted child/  
(Full Name and Membership No.)

children (delete which is not applicable) Please issue the Junior Dependent Card for my following Son/Daughter:

| S.No. | Name of Dependent | Date of Birth |
|-------|-------------------|---------------|
| 1.    |                   |               |

Please Paste  
the  
Photograph

|  |
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|--|

Specimen Signature

|    |  |  |
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| 2. |  |  |
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Please Paste  
the  
Photograph

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Specimen Signature

|    |  |  |
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| 3. |  |  |
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Please Paste  
the  
Photograph

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Specimen Signature

Signature of Member : \_\_\_\_\_

Membership Number : \_\_\_\_\_

Name of Member : \_\_\_\_\_

Please attach the following:

- 2 additional passport size photo
- Date of Birth Proof (Birth Certificate/Passport)
- Adoption deed in case of adopted child

For Office Use :