



Know Your Primary Member FORM

FIRST NAME

MIDDLE NAME

LAST NAME

Membership Number *		PHOTO
First Name *		
Middle Name *		
Last Name *		
Gender *		
Date Of Birth *		
Marital Status *		
Email		
Mobile / Landline *		
Vehicle No.		
Liquor Licence no.		
Identification Type & No. *		

Residential Address *	
City *	
Pincode *	
State *	
Residential Phone *	
Company Address	
City	
Pincode	
State	
Company Phone	
Billing Address *	
City *	
Pincode *	
State *	

PRIMARY MEMBER SIGNATURE :-

NOTES:-

Please attach Undermentioned for Primary Member

For Identity Proof -Passport\Driving Licence\Pancard\Voter ID (Aadhar card not accepted)

For Address Proof - Passport\Driving Licence (Aadhar not accepted)

For CORPORATE MEMBERS, Company ID card/visiting card for company addr proof



Know Your Member FOR SPOUSE & DEPENDENTS

FIRST NAME

MIDDLE NAME

LAST NAME

Spouse Name *		PHOTO
Date Of Birth *		
Gender *		
Mobile No /Landline No *		
Email Address		
Liquor Licence no.		
Signature		
Dependent Name *		PHOTO
Date Of Birth *		
Mobile No /Landline No *		
Email Address		
Relationship *		
Signature		
Dependent Name *		PHOTO
Date Of Birth *		
Mobile No /Landline No *		
Email Address		
Relationship *		
Signature		
Dependent Name *		PHOTO
Date Of Birth *		
Mobile No /Landline No *		
Email Address		
Relationship *		
Signature		

NOTES:-Please attach Undermentioned for Spouse/Dependent members

For Identity Proof(Adults) -Passport\Driving Licence\Pancard\Voter ID (Aadhar card not accepted)

For Identity Proof(Minors) -Passport\School-College ID (Aadhar card not accepted)