

**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 scanned copies of Undermentioned for Spouse/Dependent members**  
**Scanned Copy of the Membership Card**  
 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 )

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PLEASE FILL AND SAVE THE FORM AND EMAIL IT ALONG WITH THE SCANNED COPIES OF THE DOCUMENTS TO [kym@khargymkhana.com](mailto:kym@khargymkhana.com)