

1st Child	Spouse	Member	
2nd Child	3rd Child	4th Child	
M	Perbadanan Labuan Associate Membership Transferable Associate Corporate	- Government	( PL ) ( G ) ( A ) ( C )

The information requested in this Form is for the use of the **Kelab Pengurusan Golf Perbadanan Labuan**. Persons completing in this Form are expected to have read and understood the Rules, Regulations & By-Laws of the Club and the contents of this form before completing and submitting the same approval by the Management Committee of **Kelab Pengurusan Golf Perbadanan Labuan**.

Kelab Pengurusan Golf Perbadanan Labuan (KGPL) Wisma Perbadanan Labuan, Jalan Merdeka Peti Surat 81245 87022 Wilayah Persekutuan Labuan (PPM-007-15-19062013)

> LABUAN INTERNATIONAL GOLF CLUB Jalan Sungai Pagar 87000 Wilayah Persekutuan Labuan Tel : 087 468 468

> > Fax: 087 468 467 Website: www.ligc.com.my Email: info@ligc.com.my

## **SECTION A**

# PARTICULARS OF MEMBER

(Please Underline surname, where applicable)

1. NAME :																									
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2. NRIC NO/ PASS	POR	ΤN	0 :																						
3. NATIONALITY :																									
4. DATE OF BIRTH			D		М			Υ																	
4. DATE OF BIRTH	•				141						Ī														
1 Single SEX Male/Female MARITAL STATUS 2 Married 3 Divorce																									
5. OCCUPATION :																								_	
6. RESIDENTIAL ADDRESS :																									
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TELEPHONE NUM							 	<u> </u>	<u>                                     </u>	1	<u> </u>	1	1	<u> </u>	<u> </u>	<u> </u>				<u> </u>	1		<u> </u>		
HANDPHONE NUI								<u> </u>												Ļ				_	
7. NAME OF EMP	LOYE	ER:																		<u>L</u>					
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ADDRESS:																									
TELEPHONE NUM	BER	:																		Ī					
FAX NUMBER :																				Ĺ					
8. CORRESPONDENCE :				1	НО	ME		-		Ì	OF	FICE								·					
9. E-MAIL ADDRES	SS:										•														
10. STATE NAMES OF AND PERIOD OF MEMBERSHIP HELD IN OTHER CLUBS, IF ANY				FROMTO													 								

11. PARTI	CULA	ARS	OF S	SPC	USE	E(S)*	ĸ																				
a) NAME :																											
	NRIC NO/PASSPORT NO.																	D	М			Υ					
																	DATE OF BIRTH:			:							
	NATIONALITY:												OCCUPATION:														
ADDITION	TELE <b>AL</b>	PHC	NE	NU	MBE	R:																					
b) NAME :																											
	NRIC NO/PASSPORT					NO.	۷O.			I			1		1		DΔ1	DATE OF BIRTH:				D		M		Y	
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	NATIONALITY:											OCCUPATION:															
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	TELE	PHC	NE	NU	MBE	:R:						<u> </u>					_										
c) NAME :																											
	NRIC NO/PASSPORT NO.												D M Y														
																	DAT	ΓE C	)F BI	RTH	:						
	NATIONALITY:											OCCUPATION:															
	TELE	PHC	NE	NU	MBE	R:																					
d) NAME :																											
	NRIC	C NO	/PA	SSP	ORT	NO.											DAT	ге с	OF BI	RTH:		D		М		Υ	
	NATIONALITY:										000	CUP	ATIC	DN:													
	TELE	PHC	NE	NU	MBE	R:																					

 $<sup>{\</sup>color{red}^{*}} \ All\ married\ applicants\ are\ required\ to\ furnish\ a\ copy (ies)\ of\ their\ marriage\ certificate(s)/family\ certificate(s)$ 

## 12. PARTICULARS OF CHILDREN (BELOW 18 YEARS OF AGE)

	NAME	DATE OF BIRTH	SEX
		D M Y	M/F
a)			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :		
	(please state occupation if employed)		
b)			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :		
	(please state occupation if employed)		
c)			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :		
	(please state occupation if employed)		
d)			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :		
	(please state occupation if employed)		
<b>ADDITIO</b>	<u>NAL</u>		
e)			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :	<del> </del>	
	(please state occupation if employed)		
f)			
•			
	NRIC NO/PASSPORT NO/B.C. NO.	D M Y	
	studying or employed :		
	(please state occupation if employed)		

<sup>\*</sup> Please attach copy (ies) of your children's Birth certificate(s) / Passport(s)

13. VEHICLE REGISTRATION NOS : (Maximum 4 car stickers only)
a) b)
c) d)
14. MY LATEST GOLF HANDICAP ISON(Date)
15. INTERESTS/HOBBIES:  MEMBER :
SIGNATURE OF MEMBER
Name :

## SECTION D

## PARTICULARS TO APPEAR ON MEMBERSHIP CARDS

	NAME	SPECIMEN SIGNATURE
MEMBER		
SPOUSE(S)		
(-,		
CHILDREN*		
(7-20 YEARS)		
(7-20 TEARS)		
	:	

 $<sup>\</sup>ensuremath{^{*}}$  Only specimen signature of children between 12-20 years are required

## **SECTION E**

(For Membership Department)							
		D	М		Υ		
1. Received on	:		ı			í	
2. Membership No.	:						
							L
4. Membership Certificate No.	:						l

5. Received and verified by