

# KARACHI GYMKHANA

The Secretary  
Karachi Gymkhana  
Club Road  
Karachi

Date: \_\_\_\_\_

## Subject: **INFORMATION FOR MAKING NEW MEMBERSHIP CARDS**

The information required for New RFID-Based Membership Cards for automation, is given below, and I confirm that the particulars are correct in all respect.

### CHECKLIST FOR MEMBERSHIP CARD REQUEST FORM

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Two latest colored photographs of each family member/s whose cards are required (White background and Passport size, enclose in envelop and write Name of the individuals on the back of photograph).  |
| <input type="checkbox"/> | Attested copy of Member's CNIC/Passport.   |
| <input type="checkbox"/> | Attested copy of Member's Marriage Certificate and attested copy of CNIC/Passport of spouse (if the card for spouse/s is required).  |
| <input type="checkbox"/> | Attested copy of any official document of Member's children which can prove Name, Date of Birth, relation with the member (such as Birth Certificate, Passport, CNIC, B Form) (if the card for child/ren, household/s is required). The same does not apply to an adopted child. |
| <input type="checkbox"/> | Copy of latest old membership card for all family members whose cards are required. (Not applicable for new (i) exchange and (ii) associate membership)  |
| <input type="checkbox"/> | The form is filled completely and signed.  |

Member's Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

\_\_\_\_\_ Member's Signature

## IMPORTANT NOTE

1. After receiving new membership card/s, all membership card holders are requested to give your specimen **signature** on the signature strip of your card, if provided.
2. Members are requested to collect their own and dependents cards from the Reception. MIS department will send the Card Ready confirmation letter or responsible staff will call you to collect the new card/s. Member may send any person alongwith Authority Letter to receive his/her card/s. Please send latest issued membership card/s whose new card/s is requested.
3. Card charges are Rs.100/- each card. Latest old card/s is necessary to submit at the time of receiving new card/s. Otherwise, additionally Rs.1,000/- will be charged.
4. The Computer system will de-activate membership cards of Member's children and households after every three (03) years of the card issuance date. Members are requested to submit latest photographs of such children for the re-activation of their membership cards after every three years. Those sons and daughters of the members, who fall under household age group, must have to visit the Reception personally alongwith their CNIC/passport and latest photograph for the re-activation of their membership cards after every three years.
5. Members are requested to inform the management in writing for the cancellation of their Household card/s which will become ineffective in lieu of membership to exclude from billing of household subscription.

# KARACHI GYMKHANA

## CARD REQUEST FORM

|   |   |  |                               |                               |                   |
|---|---|--|-------------------------------|-------------------------------|-------------------|
| <b>A. Member Information</b>  | Emergency Nos. (Mob/Landline) _____<br>_____    | Name of contact person & relation _____<br>_____ | Tel Nos. (Off) _____<br>_____ | Tel Nos. (Res) _____<br>_____ |                   |
| <b>Member's Name</b><br><small>(As mentioned in the membership form OR in member's letter to change his/her name/category-in BLOCK LETTERS)</small> | <b>Card Required</b><br><small>(Yes/No)</small> | <b>CNIC/Passport</b>                             | <b>Blood Group</b>            | <b>Email Address</b>          | <b>Mobile No.</b> |
|   |   |  |                               |                               |                   |

|  |   |  |                    |                      |                   |
|--|---|--|--------------------|----------------------|-------------------|
| <b>B. Member's Spouse Information</b>            | Emergency Nos. (Mob/Landline) _____<br>_____    | Name of contact person & relation _____<br>_____ |                    |                      |                   |
| <b>Name</b><br><small>(in BLOCK LETTERS)</small> | <b>Card Required</b><br><small>(Yes/No)</small> | <b>CNIC/Passport</b>                             | <b>Blood Group</b> | <b>Email Address</b> | <b>Mobile No.</b> |
|  |   |  |                    |                      |                   |
|  |   |  |                    |                      |                   |

|  |   |  |  |                    |                      |                   |
|--|---|--|--|--------------------|----------------------|-------------------|
| <b>C. Information of Member's Children/Households Above 12 years old</b> | Emergency Nos. (Mob/Landline) _____<br>_____    | Name of contact person & relation _____<br>_____ |  |                    |                      |                   |
| <b>Name</b><br><small>(in BLOCK LETTERS)</small>                         | <b>Card Required</b><br><small>(Yes/No)</small> | <b>Date of Birth</b><br><small>(D/M/Y)</small>   | <b>Authorized to Sign</b><br><small>(Yes/No)</small> | <b>Blood Group</b> | <b>Email Address</b> | <b>Mobile No.</b> |
|  |   |  |  |                    |                      |                   |
|  |   |  |  |                    |                      |                   |
|  |   |  |  |                    |                      |                   |
|  |   |  |  |                    |                      |                   |
|  |   |  |  |                    |                      |                   |

|   |                                       |  |                        |                      |  |  |
|---|---------------------------------------|--|------------------------|----------------------|--|--|
| <b>A. Information of Member's Children<br/>Below 12 years old</b> |                                       | Emergency Nos. (Mob/Landline) _____<br>_____ |                        |                      | Name of contact person & relation _____<br>_____ |  |
| <b>Name<br/>(in BLOCK LETTERS)</b>                                | <b>Card<br/>Required<br/>(Yes/No)</b> | <b>Date of Birth<br/>(D/M/Y)</b>             | <b>Blood<br/>Group</b> | <b>Email Address</b> | <b>Mobile No.</b>                                |  |
|   |                                       |  |                        |                      |  |  |
|   |                                       |  |                        |                      |  |  |
|   |                                       |  |                        |                      |  |  |
|   |                                       |  |                        |                      |  |  |
|   |                                       |  |                        |                      |  |  |

**Note:**

1. Please include only those family members in the above spaces who fall under dependent members group as per rule of the club.
2. In Part 'C' if you leave Authorized to sign column blank, the management will consider that you've not allowed signature of your above 12 years' child and "N" for No will be printed in the card.
3. Please fill the form carefully otherwise desired changes due to incorrect information provided in the newly printed card will be additionally charged.
4. Please note that any change in member's name or his/her dependent's name will be entertained separately through Secretary Office. All such cards will not be printed until corrected in the database for which a separate application will be required

\_\_\_\_\_  
Member's Signature