

**KARNATAKA GOLF ASSOCIATION**

**FORMAT FOR INCLUSION OF NEW NOMINEE UNDER  
CORPORATE ASSOCIATESHIP**

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| <b>1</b>   | Name of the Company  |  |
| <b>2</b>   | Corporate Account No.  |  |
| <b>3</b>   | Nomination in Place of   |  |
| <b>4</b>   | <b>Details of New Nominee alongwith 2 photographs</b>                                    |  |
|  | 1. Name  |  |
|  | 2. Designation   |  |
|  | 3. How long working in the Company   |  |
|  | 4. Please confirm whether the nominee is a full time Director/ Executive of the Company. |  |
|  | 5. Address for sending Monthly bills/ Correspondence                                     |  |
|  | 6. Mobile/ Phone/ Fax/ Email ID  |  |
|  | 7. Please furnish a Short Profile of the new nominee                                     |  |
| <p><b>Certified that the particulars furnished as above are true to the best of our knowledge.</b></p> <p><b>Signature :</b></p> <p><b>Name :</b></p> <p><b>Designation &amp; Company Seal :</b></p> <p><b>Attestation by the Auditors :</b></p> |  |  |