THE SARAWAK CLUB
JALAN TAMAN BUDAYA, 93000
KUCHING TEL: 082-242299 FAX: 082-245654 Email: info@sarawakclub.com

APPLICATION FOR DEPENDANT MEMBERSHIP

I (Mr/Mrs/Miss/Mdm) _____ Club Membership No. _____
Would like to include the person named as detailed below as my dependant (below the age of 21 years).

PARTICULARS OF CHILDREN / DEPENDANT(S) (BELOW 21 YEARS OLD)					
Name	**Gender (M/F)**	**NRIC No.**	**Email**	**Specimen Signature**	**Signing (Y/N)**

IMPORTANT NOTICE ON DEPENDENT ELIGIBILITY

1. Privileges automatically cease/expire upon reaching the age of 21 years.
2. Signing privileges allows the dependent for signing facilities.

Mandatory Attachments Enclosed:
[ ] 1x Passport-sized Photo for each child (write name behind)
[ ] Photocopy of Birth Certificate for each child
[ ] Photocopy of MyKid /NRIC / Passport

_____ **Date:** _____
Ordinary Members' Signature

FOR OFFICE USE

Approved by: _____ **Date:** _____

The Sarawak Club is committed to protect and safeguard the personal data of our members, reciprocal members, guests, and visitors. This privacy policy is formulated in accordance with the Personal Data Protection Act 2010 (Act 709), including all applicable amendments, regulations, standards, and official guidelines. Your personal information will be kept secure and will not be disclosed to third parties without your consent. For more information, please refer to the Club's Privacy Collection Notice at https://sarawakclub.com/protectionofpersonaldata/