

Statement by Post Application Form

Membership No.: Name of Principal Cardholder:					
			Title:	Surname:	Given Name:
			[]	Yes, I'd like to receive my monthly statement by post and my postal address for this as here:	
	Others (if other contact details need to be upda	ted):			
	Contact No:				
	Email Address:				
	Home Address:				
	Office Address:				
From nex	ct statement, e- statement will <u>NO LONGER</u> be se	ent to you afterwards.			
Should you		at 2238-3161 or via email: dbrc-accounts@hkri.com for further			
or from tir	me to time may be used and disclosed for such pu	Discovery Bay Recreation Club Limited (the Club) as the above rposes and to such persons (whether in or outside Hong Kong) disclosure of personal data set out in circulars or notices made			
	*Signature of Principal Cardholder	Date			
FOR OF	FFICE USE ONLY	Processed on: By:			
Receive	ed By:	Effective Date:			
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