



Club Le Flamboyant

Regn. 6876

6th Floor, Atom House, Royal Road, Port Louis.

ADMISSION FORM

SURNAME: _____

Other Name (s): _____

Date of Birth: ___/___/___ NIC No: _____

Residential Address: _____

Present Occupation: _____

Last Occupation: _____

(if Retired)

Ministry / Dept _____

Office Address: _____

Tel: Home: _____ Office: _____ Mobile: _____

Fax No: Home: _____ Office: _____

Email: _____

Field of interests: _____

I Enclose herewith a cheque / cash of Rs _____ representing entrance fee of
Rs 50 and _____ months of contribution

Date: ___/___/20___

Signature: _____

Note: Monthly contribution – Rs 25.00