



MEMBERSHIP APPLICATION FORM

**Please fill in the form with a ballpoint pen and retain the carbon copy,
any other type of pen does not leave carbon impression clearly.**



Member Details

Individual Firm
Salutation Mr. Ms./Mrs. Dr M/s

Member's Name: _____
(Name of the Applicant in case of Individual Membership & Name of Firm in case of Firm Membership)

Name of Authorised Person 1: _____
(Name of the first authorized person in case of Firm Membership)

Date of Birth: _____ (DD/MM/YYYY)

Preferred Mailing Address: _____

Landmark: _____

City: _____ State: _____

Pin / Postal Code: _____ Country: _____

Email: _____

Mobile No. _____

Home Phone No. _____

Work Phone No. _____

Age: 18-28 28-35 35-45 45-60 60 & Above

Occupation: Salaried Business Self Employed Others: _____

Profession: _____

Firm Name: _____

Designation: _____

Facebook ID: _____ Twitter ID: _____

Which car do you drive? _____

Annual Income Category: 4-8 Lacs 8-12 Lacs 12-18 Lacs 18-22 Lacs 22 Lacs &Above

Where did you Holiday last? India _____ Abroad _____

Spouse Details

Same as Co-Member

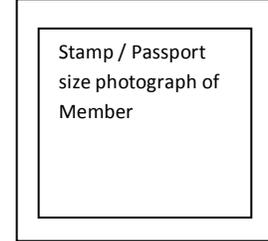
Name: _____

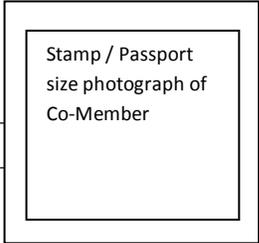
Date of Birth: _____

Wedding Anniversary Date: _____

Name of Children

1. Name: _____ Gender: _____
DOB: _____
2. Name: _____ Gender: _____
DOB: _____
3. Name: _____ Gender: _____
DOB: _____





Co-Member Details

Co-Member's Name / Authorised Person 2: _____

Relationship with the main applicant: _____

Date of Birth: _____ (DD/MM/YYYY)

Mailing Address: _____

Landmark: _____

City: _____ State: _____

Pin / Postal Code: _____ Country: _____

Email: _____

Mobile No. _____

Home Phone No. _____

Work Phone No. _____

Age: 18-28 28-35 35-45 45-60 60 & Above

Occupation: Salaried Business Self Employed Others: _____

Profession: _____

Firm Name: _____

Designation: _____

Facebook ID: _____ Twitter ID: _____

Which car do you drive? _____

Annual Income Category: 4-8 Lacs 8-12 Lacs 12-18 Lacs 18-22 Lacs 22 Lacs & Above

Where did you Holiday last? India _____ Abroad _____

Spouse Details

Same as First-Member

Name: _____

Date of Birth: _____

Wedding Anniversary Date: _____

Name of Children

1. Name: _____ Gender: _____

DOB: _____

2. Name: _____ Gender: _____

DOB: _____

3. Name: _____ Gender: _____

DOB: _____



Product Details

Season: White Apartment: 2BR 1BR Studio

Time Share Licence Period: 25 Years 15 Years

Member Declaration

I hereby certify that the above details furnished are accurate and are to the best of my knowledge.

Place: _____

DD MM YYYY

To be stamped in case of Firm Membership

Signature of the Member /
Authorised Signatory for Firm Membership

Signature of the Co-Member

Payment Details

All Cheques / Demand Drafts / Pay Orders to be in favour of "KRISHNABHUMI HOLYDAYS PVT. LTD."

Membership Fee (INR) _____

Payment Option opted: Down Payment Installment Plan (18 Months)

100 % Down Payment Amount (INR): _____

Mode of Payment: Demand Draft Cheque Credit/Debit Card Third Party Payment

For DD / Cheque Bank Name & Branch _____ Date _____
Instrument Number _____

Installment Plan

Down Payment Amount (INR) _____, Initial Down Payment.

18 Monthly Installment Amount (INR) _____, 18 Monthly Fixed Installments.

Mode of Payment: Cheque Credit Card NACH Third Party Payment

For Cheque Bank Name _____ Date _____
Instrument Number _____

For NACH* Bank Name _____ Date: _____
MICR No. _____ Sample Instrument Number _____

*Please attach cancelled cheque instrument with NACH Form.

Member Declaration

I hereby certify that the above details furnished are accurate and are to the best of my knowledge.

Place: _____

DD MM YYYY

To be stamped in case of Firm Membership

Signature of the Member /
Authorised Signatory for Firm Membership

Signature of the Co-Member



Member's Review for Confirmation of Understanding

Dear Members(s)

Here are a few points about your membership that you should be clear about. Please read each point & acknowledge that you have gone through it.

- 1. I/We understand the terms and conditions of the membership offer that I/We have chosen at the time of signing up for membership under Time Share Licence Scheme (TSLs).
2. I/We confirm having read the membership rules governing allotment of membership under TSLs.
3. I/We understand that any payment made by me/us would first be appropriated toward the admission fees and balance if any would be appropriated towards the entitlement fees
4. I/We understand that in the event of request for cancellation by me/us after the recession period i.e. 7 days, KBHPL shall not be liable to refund the admission fees paid by me/us
5. I/We understand that I/We shall be admitted as a member only upon realization of the down payment of admission fees and entitlement fee by KBHPL.
6. I/We understand all the enrollment benefits of my/our membership under TSLs with regard to the color of season and size of apartment purchased and process for changing seasons and apartment size at the time of booking a holiday
7. I/We understand that the number of people who can occupy the apartment is as follows -
2 bedroom apartment -6 Adults, 1 bedroom apartment -4adults studio apartment -3 adults
(Children above 12 years to be considered as adults or 2 children before 12 years to be considered as an adult)
8. I/We understand that the reserving of the week / days is my/our responsibility and in this regards KBHPL does not undertake any responsibility or liability
9. I/We understand that I/We can make our own arrangement to sell my/ our membership & that KBHPL shall not buy it back from us/ me
10. I/We understand that holidays entitlements in excess of 21(twenty one) days at any point of time shall automatically lapse.
11. I/We understand that the confirmation of reservation of bonus/regular holiday is subject to availability and eligibility and those bookings for the same open for 6 months or 1 year in advance from the selected holiday date.
12. I/We understands that KBHPL needs to maintain the property toward I/we confirm having agreed to pay annual service charges (ASC) whether I/We avail the holiday in a particular year or not and non-payment of the same for 2 consecutive years shall result in my/our decrement from the use of and/or cancellation of membership.
13. I/We understand that the annual service charges is payable by me/us even for the lapsed holiday entitlements since KBHPL is required to maintain the KBHPL notified property during the membership usage period
14. I/We understand that my/ our membership in RCI through KBHPL is for the periods of 5 years only. Subsequently the necessary fees for renewal of the Resort Condominium International (RCI) membership shall be paid by me / us directly to RCI. All membership of RCI shall be handled through RCI and not KBHPL and all applicable exchange fees are payable to RCI directly. I/We confirm that KBHPL shall not be liable or responsible for RCI exchanges and RCI exchange between me / us and RCI only
15. I/We understand that any part payment made by me / us towards outstanding shall first be appropriated towards interest and then earlier dues / outstanding.
16. In case of default in payment of any installment by me/us KBHPL shall have the right to terminate my/our membership and that the terms and conditions mentioned in the membership rules shall apply
17. I/We have read the rules of termination mentioned in the membership rules and agree to the same
18. I/We confirm that there are no other verbal/written promises or any other assurance not mentioned in the membership rules that have been made by any KBHPL personnel.

KYC Documents

Please tick the box indicating the type of KYC document self attested photocopy attached as proof of identity.

Member : Aadhar Card Voter ID Passport Driving Licence
Co- Member : Aadhar Card Voter ID Passport Driving Licence

- Firm: In case of firm,
a) letter of authorization (original)
b) a photocopy of the ID proof of the authorized signatory or signatories. (self attested)
c) a copy of the registration certificate of the company (stamped and signed)

Name of Krishnabhumi Holydays Executive: KBE ID:

Date: (Signature - Authorised Sales Representative)

Member Declaration

Instruction by member at the time of enrolment
I confirm and agree that Telemarketing Centre of KBHPL is authorised to contact me through telephone for communicating promotions, events and benefits related to my membership on my telephone number listed or not on NDNC.
I hereby certify that the above details furnished are accurate. I/We have gone through the above listed points, the KBHPL terms of membership and agree to abide by the same. I have received a copy of the said terms and conditions of membership.

Place: DD MM YYYY

Three large empty boxes for stamping and signatures.

To be stamped in case of Firm Membership Signature of the Member / Authorised Signatory for Firm Membership Signature of the Co-Member



For Office Use Only

Member ID : _____

Contract ID _____

Checked OK

Signature of the SE/HC

Signature of the Sales Manager
(TM/VM/CSM/ Unit Head)

Signature of the BM/RM

Signature of the Property Head

Third Party declaration

UNDERTAKING – FOR MAKING PAYMENT RELATING TO KRISHNABHUMI HOLYDAYS MEMBERSHIP

From,
Member's details to be stated:

I _____ S/o /D/o /W/o _____ aged _____ years residing at _____
having Membership No. _____ undertake and state as follows:

- I am a Krishna Bhumi member holding Membership ID No. _____ Apartment " _____ " and Season " _____ ". I state that relating to the said Membership a sum of Rs. _____ is to be paid to _____ Snowwhite Infrastructure Pvt. Ltd. towards Down Payment (DP) / Equated Monthly Installment (EMI) / Annual Subscription Fees (ASF) / Annual Maintenance Charges (AMC) for the month of _____ Year _____. Due to certain unavoidable circumstances, I shall not be remitting the above stated amount for the month of _____ year _____ and hence, request you to accept the payment made by _____ (Relationship) my Mother / Father / Son / Daughter / etc., in favor of Company. I confirm that I shall abide by the Terms and Conditions stated in the Membership Rules executed by me and subsequent amendments made relating to my Membership ID No. _____. I hereby confirm that I have submitted the Know Your Customer (KYC) documents of _____ (Relation) as requested for by the Company.
- I am hereby making the payment vide Cheque / Credit Card / Demand Draft made on my behalf by _____ and request you to kindly accept the same as payment made towards my Membership ID No. _____.
- I certify that the information provided above is true to my knowledge and belief. I hereby authorize the Company to acknowledge the receipt for the payment.
- I agree and undertake that in such cases where the Cheque has been dishonoured for any reasons and in case if charge back is made by the issuing Bank, then all applicable charges levied by the Bank will be borne by me in this regard.

Membership Details _____
Signature of the Proposer / Member _____
Signature of the Payment Issuer _____
Place and Date _____

KYC Checklist

Individual Membership

Serial No. of Proof of ID: _____

Date of Issue: _____ Expiry Date: _____

Validity needs to be within 3 months from date of sign up of contract for all documents.

Passport Driving License Aadhar Card Voters ID Card

Non- Resident Indian: Overseas address is mandatory. (Out of permanent & correspondence address, one address must be that of overseas).

Serial No. of Proof of ID: _____

Date of Issue: _____ Expiry Date: _____

Passport International Driving License with photo Work permits/ Visa with Photo

Proprietor / Corporate Bodies: Mandatory self-certified true documents to be submitted.

Serial No. of Proof of ID submitted: _____

Date of Issue: _____ Expiry Date: _____

Certificate of Incorporation
Memorandum & Articles of Association / Power of Attorney
Authorized Signatories list with specimen signatures and PAN of authorized signatory
Company ID proof if listed company / MNC.

Partnership Firm: - Mandatory certified documents to be submitted. (All compulsory).

Serial No. of Proof of ID submitted: _____

Date of Issue: _____ Expiry Date: _____

Certificate of Registration
Partnership Deed or declaration of NOC on Letter head given by all partners.
Authorized signatories list with specimen signatures and PAN of authorized signatory / PAN of company.

Hindu Undivided Family (HUF): - (All Compulsory)

Serial No. of Proof of ID submitted: _____

Date of Issue: _____ Expiry Date: _____

Proof of Identity:- Self attested copy of PAN card in HUF name is mandatory.
Mandatory certified documents to be submitted.
Deed of declaration of HUF or PAN in name of Karta.
Bank Passbook/ Bank Statement
Demat Statement in the name of HUF