+ amatria spa™ -

membership

Business Card - Member

Business Card - Spouse

Number

Month

Category

APPLICATION FORM

Please (✔) the category of membership

Amatrra Odyssey -Black	Single ☐	Couple ☐
Amatrra Voyage - Gold	Single ☐	Couple ☐
Amatrra Journey - Silver	Single ☐	Couple ☐
Amatrra Journey - Diplomat	Single ☐	Couple ☐
Amatrra Pool	Single ☐	Couple ☐

Ashok Hotel, 50-B, Chanakya Puri, New Delhi-110021, India

I/We hereby apply for the above membership of Amatrra:

(Please use block letters, strike out whichever is not applicable, tick appropriate box, whichever applicable.)

Member

Mr./Mrs./Ms.: ..... Occupation: .....

Nationality: ..... Date of birth: ..... Date of anniversary: .....

Residential Address: .....

City/Country: ..... Pin Code: .....

Telephone: ..... Fax: .....

Mobile: ..... Email: .....

Company Name: .....

Corporate Category: Private Limited ☐ Public Limited ☐ Sole Proprietorship ☐ Partnership Concern ☐

Office Address: .....

City/Country: ..... Pin Code: .....

Telephone: ..... Fax: .....

Car Number: .....

Office Assistance/Accounts Representative Name: .....

Mobile: ..... Email: .....

Annual Business Income: .....

Turn Over for the last 3 years (Attach the Balance Sheet of the Company) .....

Please mail my Amatrra Statement to my: Residential Address ☐ Office Address ☐

Spouse

Mr./Mrs./Ms.: ..... Occupation: .....

Nationality: ..... Date of Birth: .....

Company Name: .....

Designation: .....

Corporate Category: Private Limited ☐ Public Limited ☐ Sole Proprietorship ☐ Partnership Concern ☐

Office Address: .....

City/Country: ..... Pin Code: .....

Telephone: ..... Fax: .....

Car Number: .....

Mobile: ..... Email: .....

Children

1. Child's Name: ..... Nationality: ..... Date of birth: .....

2. Child's Name: ..... Nationality: ..... Date of birth: .....

3. Child's Name: ..... Nationality: ..... Date of birth: .....

Miscellaneous Information

Favourite Cuisine: .....

Favourite Restaurant: India ..... Abroad .....

Favourite Holiday Destination: India ..... Abroad .....

Favourite Magazine: ..... Favourite Music: .....

Please provide the details of a person who can be contacted in case of an emergency:

Name: ..... Relation: .....

Address: .....

City/Country: ..... Pin Code: .....

Telephone: ..... Fax: .....

Mobile: ..... Email: .....

*Particulars of additional children can be attached on separate sheets as per above format.

**Two Copies of photographs for each is mandatory without which application of membership will not be processed.

Declaration and undertaking application to all categories of members

I/We hereby declare that

- I/we am/are applying for the membership of Amatrra and after being fully satisfied about Quality and Quantity of Amatrra and after going through the membership terms and conditions for Amatrra and being satisfied in all respects on the basis of my/our judgement
- Have not been influenced by anything extraneous including any oral assurance given by any person connected with Amatrra

I/We hereby agree to pay

- Re-nomination fee applicable from time to time
- Price of facilities & services (including guest charges) availed or consumed by us/our nominees, guests, spouses, and children shall be debited by Amatrra to our account

I/We agree to surrender the photo identity cards issues to

- The children on their attaining the age of 15
- The corporate nominees, their spouses and children if they cease to be corporate nominees

I/We

- Have fully read & understood the current Terms & Conditions of Amatrra agree to abide the same without any reservation
- Accept that in the event of my/our application being rejected, all monies paid by me/us shall be refunded without interest within 30 days
- Agree to be fully liable for the violation of the rules & regulations stipulated therein
- Have sought detailed explanation and clarification from the Management in respect of this application and the Management has readily provided such explanations and clarifications
- Have signed the application, fully conscious of my/our liabilities and obligations
- Assure the Management that in the event of total cancellation/abrogation of the rules and regulations I/we shall accept the decision of the Management and shall not dispute or challenge such cancellation/abrogation
- Am/ are aware the Management of Amatrra has the absolute right to accept or reject my/our application for membership assigning any reasons and I/ we shall not challenge the decision of the Management

I/We have read the above rules & regulations and agree to the same

Name: ..... Date: ..... Signature: .....

I/we would like to pay by

Cheque: Rs. ..... in favour of 'Mayar Health Resorts Ltd.'

Cheque No.: ..... Dated: ..... Drawn on: .....

Card: Rs. .....

Cash: Rs. .....

Membership Details

Start Date: .....

Tenure: One year from the date of enrollment.