

## Notification of a Lost / Damaged / Replaced DBRC Membership Card

One form to be used for Lost / Damaged / Replaced Card(s) under one Membership Account

Re: Discovery Bay Unit: \_\_\_\_\_ (\_\_\_\_\_)

Membership No.: \_\_\_\_\_ - \_\_\_\_\_

Name of Principal Cardholder:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_

**Lost / Damaged / Replaced Membership card(s) Info**

Filled by Member			
Name	Membership Number	Membership Card <i>(Please tick as appropriate)</i>	Reason <i>(Please tick as appropriate)</i>
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Others: _____

I hereby request replacement of the above lost / damaged / replaced card(s) and agree to pay a replacement fee equals to \$100 per card.

I understand that any loss / damage of membership card(s) must be reported to the Club immediately for de-registration of the lost card. I shall remain fully liable for all expenditure incurred on my lost / damaged card(s) up to the report date. Should the card(s) be subsequently found, I will return it / them to the Club as soon as possible

\_\_\_\_\_  
Signature of Principal Cardholder or  
\*Supplementary Cardholder

\_\_\_\_\_  
Date

Note: A supplementary cardholder may request replacement of his/her own card only. A supplementary cardholder who is under the age of 18 may not sign this form.

FOR OFFICE USE ONLY		A/C No.:	Processed on:	By:
Types of Card Issued: Lost / Damaged Card / Replaced Card		Card Issued Date:		
Card Fee: HK\$100		Total Amount Received: HK\$		
Total Card(s) Issued: 1 2 3 4 5 6 7		Adult:	Junior:	S.C.: G.P.:
Card No.:	A / C	Card No.:	A / C	
Card No.:	A / C	Card No.:	A / C	
Card No.:	A / C	Card No.:	A / C	
Card No.:	A / C	Remark:		

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