

SINGAPORE CHAMBER OF MARITIME ARBITRATION

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INDIVIDUAL MEMBERSHIP APPLICATION

PERSONAL PARTI	CULARS			
Title	Family Name		Gender:	Male / Female
Given Name		Nation	nality	
Date of Birth [dd/mm/yy	yy]			
Mailing Address				
Telephone	Mobile	1	Fax	
Email				
EMPLOYMENT/OC (Please state information o	CUPATION f current or immediate past employment.)			
Name of Employer				
Occupation				
Address of Company				
Summary of professiona	al, commercial or technical qualification	ns and experience		
I agree, if admitted to m	e Chamber of Maritime Arbitration and embership, to abide by the Constituti ment will be refunded if I am not adm	on and Bye-Laws of the Singap		
By Cheque (Pay to "Singapore Chamb	er of Maritime Arbitration)	VISA**	MasterCard	
Name of Bank		Card Nos		
Bank Branch		Name of Card Holder		
Cheque nos		SGD	Expiry Date	
SGD		Card Holder Signature		
	g payment in January, a prorated on 31 st December. Kindly log on to			

Applicant Name & Signature	Date