



SINGAPORE IRON WORKS MERCHANT ASSOCIATION

新加坡鐵廠商公會 新会员入会申请表格 Membership Application Form

MEMBER RELATIONS SECRETARIAT总务处		MEMBERSHIP TYPES会员类别	
Address:	Singapore Iron Works Merchant Association 1014 Geylang East Avenue 3 #07-242 Singapore 389729	<input type="checkbox"/>	普通会员年捐Ordinary Membership - S\$180
Tel:	6842 2275 Fax: 6842 2275	<input type="checkbox"/>	准会员Associate Membership - S\$20 nett
Email:	info@siwma.org.sg	(Kindly pay above membership fee plus S\$100 one time registration fee.)	
Website:	www.siwma.org.sg		

PLEASE AFFIX A RECENT PHOTO OF COMPANY'S REPRESENTATIVE. 公司代表人 请附上彩色近照

Please ensure that all fields are completed. 请填上全部资料

To complete the application process, please remember to attach ACRA Business Profile and Business Card(s). 并附上公司 注册纸和名片
Company's representative must be one of the person(s) registered with ACRA.

DETAILS OF COMPANY 会员公司详情	
Company Name: 公司宝号	
Company Address: 厂址	
Mailing Address: 邮址 (若有不同)	
(If different from Company Address)	
Telephone: 电话	Company Logo 公司标志:
Facsimile: 传真	
Company Website: 公司网站	
Email Address: 电子邮件地址	
Year of Incorporation: 營業年度	
Business Registration No: 注册号码	
Number of Employees: 员工人数	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 200 <input type="checkbox"/> 201 - 300
Legal Structure of Company: 公司结构	<input type="checkbox"/> Sole Proprietorship独资 <input type="checkbox"/> Partnership股份 <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Pte Ltd 私人有限公司
Ownership Type: 公司权属	<input type="checkbox"/> Local本地 <input type="checkbox"/> Foreign外国人 <input type="checkbox"/> Joint-Venture联营
Nature of Business: 營業性质	<input type="checkbox"/> Business-to-Business工商 <input type="checkbox"/> Business-to-Consumer门市 <input type="checkbox"/> Both兩者都有

DETAILS OF COMPANY'S REPRESENTATIVE 公司代表人詳情	
Name: 姓名	(Dr/ Mr/ Ms/ Mrs/ Mdm) Designation: 职位
Name: 英文姓名	Marital Status: 婚姻 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
NRIC: 登记号码	<input type="checkbox"/> Pink <input type="checkbox"/> Blue Education: 教育程度
Nationality: 国籍	Tel (Res): 住家电话 Tel (Office):
Date of Birth: 出生日期	(DD/ MM/ YYYY) Mobile: 手机 Fax:
Gender: 性别	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 Email: 电邮

DECLARATION BY COMPANY'S REPRESENTATIVE 公司代表人誓言	
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I hereby agree to abide by the rules and regulations set out by the Association. 我僅此承諾遵守公會所有章程:

SIGNATURE OF COMPANY'S REPRESENTATIVE 簽署

COMPANY STAMP 印章

DATE 日期

FOR OFFICIAL USE 内部参考	
Recommended By: 推荐者	Signature
Approved By: 批准者	Signature
Type of Business: 營業类别	
Remarks: 附註	
年捐与入会费收据号码:	