



# Singapore Sanitary Ware Importers & Exporters Association

UEN: S68SS0035B ROS Regn No.: 0145/1968

Singapore Post Centre P.O Box No. 357, Singapore 914012

Tel: 97289686, 62835579 Fax: 62830369 Email: sswiea@yahoo.com

## MEMBERSHIP APPLICATION

To : The Management Committee of Singapore Sanitary Ware Importers & Exporters Association

I, \_\_\_\_\_  
*Applicant Name In Block Letter*

on behalf of my/our company hereby apply to be an Associate Member of the Singapore Sanitary Ware Importers & Exporters Association (SSWIEA). My/Our particular/s and other relevant information to the best of our knowledge are given on the attached sheets.

I / We agree to abide by the Constitutions of the Association and will comply with all the resolutions and regulations set up from time to time by the Management Committee. I/We further declared that I/We will carry out the duties as a member.

MEMBERSHIP FEE		
Entrance Fee :	\$ 500.00	One Time Payment
Annual Membership Fee :		Month @ \$ 20.00 Per Month
Total Amount :		
Payment By Cheque Payable to "Singapore Sanitary Ware Importers & Exporters Association"		
Name of Bank : _____		
Cheque No. : _____		

Yours faithfully

Name : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Designation : \_\_\_\_\_

NRIC No: : \_\_\_\_\_

Company Stamp \_\_\_\_\_



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## MEMBERSHIP DETAIL

*A Corporate Member Must Be a Singapore Registered Company*

### COMPANY DETAILS

Name of Company : _____ <i>Company Name In BLOCK LETTER as per ACRA</i>	
_____ <i>Company Name In CHINESE (if any)</i>	
Business Address : Blk / No.: _____ Building Name ( _____ )	
Street Name _____	
_____ Postal Code _____	
Tel No : _____ Fax No. _____	
<i>To Be Complete If Mailing Address Is different from Business Address</i>	
Mailing Address : Blk / No.: _____ Building Name ( _____ )	
Street Name _____	
_____ Postal Code _____	
Company/Business Registration No. : _____	
Year of Establishment : _____	
Country Where Main Company Is Incorporated : _____	
Website Address : _____ E-mail Address : _____	
Type of Business : <input type="checkbox"/> Public Listed Company <input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Private Limited <input type="checkbox"/> Others	
<input type="checkbox"/> Partnership Specified : _____	
Business Description :	



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## **AUTHORISED REPRESENTATIVE**

*Each Company Member Can Assign Up To Two Representatives To Attend Association's Activities*

1) Name : \_\_\_\_\_ Designation : \_\_\_\_\_

\_\_\_\_\_  
*Name In CHINESE (if any)*

Nationality : \_\_\_\_\_ NRIC No./Passport No : \_\_\_\_\_

Handphone No : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature : \_\_\_\_\_

*I Certify That The Above Information Given Is Correct And True To The Best Of My Knowledge*

2) Name : \_\_\_\_\_ Designation : \_\_\_\_\_

\_\_\_\_\_  
*Name In CHINESE (if any)*

Nationality : \_\_\_\_\_ NRIC No./Passport No : \_\_\_\_\_

Handphone No : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature : \_\_\_\_\_

*I Certify That The Above Information Given Is Correct And True To The Best Of My Knowledge*

*CONTACT PERSON (If different from authorised representative)*

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

\_\_\_\_\_  
*Name In CHINESE (if any)*

Handphone No : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature : \_\_\_\_\_

*I Certify That The Above Information Given Is Correct And True To The Best Of My Knowledge*



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## PROPOSER

*Proposer Must Be A Member Of Singapore Sanitary Ware Importers & Exporters Association (SSWIEA)*

Member's Name : _____ (1st Proposer)
Company Name : _____
Signature : _____
Date : ____ / ____ / ____      Company Stamp : _____

Member's Name : _____ (2nd Proposer)
Company Name : _____
Signature : _____
Date : ____ / ____ / ____      Company Stamp : _____

### FOR OFFICIAL USE ONLY

Application has been considered at the Executive/Management Committee Meeting Held on :
Date : ____ / ____ / ____ and is accepted as Associate Member with effect from
Date : ____ / ____ / ____
The Applicant is rejected for: _____
_____

President  _____ Mr. Thomas Ang Moo Keng	Secretary  _____ Mr. Amos Phua Chin Teck	Director of Membership  _____ Mr. Amos Phua Chin Teck
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