



FOR OFFICE USE

Registration No.:
 Name:
 Region/District:
 Group:
 Receipt No.:

MEMBERSHIP FORM

1. Registered Company Name:
2. Location of Business:
 (including street and house number)
3. Address to which correspondence may be sent:
4. Tel/Mobile: Fax: E-Mail:
5. URL / Website Address:
6. Core Business:
- Other Businesses:
7. Region/District Chamber to which application is made:
8. Postal Address of Head Office:
 (if other than address shown at 3 above)
9. Name of company owner or representative authorised to attend and vote at Chamber meetings:
10. Name and Address of Bankers:

NAME OF PARTNERS OR DIRECTORS (for limited liability companies)

SURNAME	OTHER NAMES	NATIONALITY

(This information need not to be completed if this application is made by a District Branch whose Head Office is already a member in another District)

Signature of Applicant & Rubber Stamp:

TRADE SECTORS

1. Agriculture and Fishing
2. Books, Stationery & Printing
3. Building and Civil Engineering
4. Manufacturers' Representation
5. Furniture and Office Equipment
6. General Goods – Import/Distribution
7. General Goods – Retail/Wholesale
8. Hotels, Catering, Drinks, Brewing
9. Manufacture: *State Lines of Production*
10. Export: *Specify Goods*
11. Motor Trade, Plant Hire, Fuel Supply
12. Professional Services: *Specify*
13. Timber Merchant
14. Shipping, Travel, Transport
15. Information Communication Technology
16. Oil & Gas
17. Others: *Specify*

Please Mark X against your main trade or activity and in addition give details of your business in one or more of the spaces provide if applicable.

NATURE OF BUSINESS (Please Tick)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Importer/Exporter |
| <input type="checkbox"/> Exporter | <input type="checkbox"/> Wholesaler/Retailer |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Manufacturer/Exporter |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Trader/Dealer |
| <input type="checkbox"/> Service | <input type="checkbox"/> Distributor |

Number of Employees: Total []
 Management []

ENCLOSURES REQUIRED:

Please submit the following documents with this application:

- (a) Certificate of Incorporation and Certificate to Commence Business issued by Registrar of Companies:
or
- (b) Business Registration Certificate and “Form A”

PRODUCT YOU EXPORT

*HS CODE	** PRODUCT DESCRIPTION	COUNTRY OF ORIGIN	BRAND NAME

**Please leave blank if you don't know*

***Please list specific products*

PRODUCT YOU IMPORT

*HS CODE	** PRODUCT DESCRIPTION	COUNTRY OF ORIGIN	BRAND NAME

**Please leave blank if you don't know*

***Please list specific products*

PRODUCT YOU MANUFACTURE

*HS CODE	** PRODUCT DESCRIPTION	INSTALLED CAPACITY	BRAND NAME

**Please leave blank if you don't know*

***Please list specific products*

SERVICES YOU OFFER

*HS CODE	** PRODUCT DESCRIPTION

**Please leave blank if you don't know*

***Please list specific products*