



Renewal for Corporate Membership 2019

Note:

- Validity of Membership is from 1 January to 31 December 2019
- Please complete the form in full and submit to SISO at the above address
- Payment for the renewal fee of \$214 should accompany this application. For cheque, it is to be made payable to SISO
- Alternatively, you can made payment via PayNow – UEN S75SS0006D or Internet Banking DBS Acc no. 070-002357-1
- Please email the payment receipt to SISO for payment through PayNow & Internet Banking.
- All information given will be treated as private and confidential under the Personal Data Protection Act (PDPA 2012)

COMPANY/ORGANISATION DETAILS

Name of Organisation:		SISO Membership Number:
Address:		Postal Code:
Office Phone:	Office E-mail:	Fax:
Industry: Construction / Consulting / Educational Institution / Healthcare / Hospitality / Landscaping / Logistics / Marine / Manufacturing / Oil & Gas / Pharmaceutical / Research Institution / Retail / Sports / Others (please specify):		
Country where Company is Incorporated:		
Total Number of Employees:		Founded (Year):
Company Type:		
<input type="checkbox"/> Wholly Locally Owned (Public Listed)	<input type="checkbox"/> Wholly Locally Owned (Pte Ltd)	<input type="checkbox"/> Wholly Foreign Owned
<input type="checkbox"/> Joint Venture (Foreign & Local Equity)	<input type="checkbox"/> Others (please specify): _____	

SUBSIDIARY / ASSOCIATE COMPANY (IF ANY)

Particulars of Subsidiary or Associate Company in Singapore (if there is more than one related organisation, please give details on a separate paper)

Name of Subsidiary / Associate Company:	
Industry: Construction / Consulting / Educational Institution / Healthcare / Hospitality / Landscaping / Logistics / Marine / Manufacturing / Oil & Gas / Pharmaceutical / Research Institution / Retail / Sports / Others (please specify):	
Total Number of Employees:	Founded (Year):

REPRESENTATIVES

(1) ACCREDITED REPRESENTATIVE	(2) ALTERNATIVE REPRESENTATIVE
Name (Prof/Dr/Mr/Mrs/Ms):	Name (Prof/Dr/Mr/Mrs/Ms):
Job Title:	Job Title:
Office Contact No.:	Office Contact No.:
Mobile No.:	Mobile No.:
Email:	Email:

Application verified and recommended for the Executive Committee's approval

Cash OR/Cheque No.: _____

For the year:

2019

For the total amount of: _____

Remarks
