



Corporate Membership Application 2019

Note:

- Validity of Membership is from 1 January to 31 December of each calendar year
- Provide a copy of ACRA Certificate
- 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: | | |
| 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: |



DECLARATION

We agree to abide by the Constitution, By-Laws, Regulations, and Code of Ethics of the Singapore Institution of Safety Officers, as they now exist or as many hereafter be altered, amended, added to or changed, so long as we remain a Corporate Member of SISO and that we will accept as final and binding the decision of the Executive Committee of the Institution on all matters dealt by them in accordance with SISO, By-Laws, Regulations and Code of Ethics.

Name

Designation

Signature

Date

FOR USE BY MEMBERSHIP SUB-COMMITTEE

Application verified and recommended for the Executive Committee's approval

Cash OR/Cheque No. : _____

For the year:

2019

For the total amount of : _____

Remarks

Signature of Membership Sub-Committee Chairman

Date

FOR USE BY EXECUTIVE COMMITTEE

Application: **APPROVED**

REJECTED

Joined as: **CORPORATE**

Signature of President / Vice-President / Hon. Secretary

Date