



## Renewal for Corporate Membership

### Note:

- Please complete the form in full and submit to SISO at the above address
- Provide a copy of ACRA Certificate
- Payment for the renewal fee of \$214 should accompany this application. For cheque, it is to be made payable to SISO
- Alternatively, you can go to [www.siso.org.sg](http://www.siso.org.sg) to make online payment via PAYPAL
- All information given will be treated as private and confidential under the Personal Data Protection Act (PDPA 2012)
- Membership duration is from 1 January to 31 December of 2017

### 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:

**2017**

For the total amount of : \_\_\_\_\_

**Remarks**

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