

Part A : Company Particulars (*Required Field, please delete accordingly)

Name of Company*:		
Correspondence Address*:		
Tel *:	Fax:	Business Email *:
UEN/ROC No.*:	Company website/ Facebook/LinkedIn:	

Part B : (Please tick preferred mode of communication)

Chief Executive Officer/ Director (or equivalent) *	Market (Country)/ Business Development
Name Dr/Mr /Ms /Mrs *:	Name Dr/Mr /Ms /Mrs:
Job Title*:	Job Title:
Biz Email *:	Biz Email *:
Tel (DID) <input type="checkbox"/>	Tel (DID) <input type="checkbox"/>
Fax <input type="checkbox"/>	Fax <input type="checkbox"/>
Main Contact Person*	HR
Name Dr/Mr /Ms /Mrs:	Name Dr/Mr / Ms /Mrs:
Job Title*:	Job Title:
Biz Email *:	Biz Email *:
Tel (DID): <input type="checkbox"/>	Tel (DID): <input type="checkbox"/>
Fax <input type="checkbox"/>	Fax <input type="checkbox"/>
Billing*	Marketing
Name Dr/Mr /Ms /Mrs:	Name Dr/Mr /Ms /Mrs *:
Job Title*:	Job Title:
Biz Email *:	Biz Email *:
Tel (DID): <input type="checkbox"/>	Tel (DID): <input type="checkbox"/>
Fax <input type="checkbox"/>	Fax <input type="checkbox"/>

Part C : Company Profile (Please tick ONLY 1 for company's industry group & up to maximum 3 for company's interest)

Company's Industry Group	Company's Interest in?	Company's Industry Group	Company's Interest in?
<input type="checkbox"/> 1. Accommodation, F&B Services	<input type="checkbox"/>	<input type="checkbox"/> 12. Mining & Quarrying	<input type="checkbox"/>
<input type="checkbox"/> 2. Accounting & Auditing Activities	<input type="checkbox"/>	<input type="checkbox"/> 13. Media & InfoComm	<input type="checkbox"/>
<input type="checkbox"/> 3. Arts, Entertainment & Recreation	<input type="checkbox"/>	<input type="checkbox"/> 14. Manufacturing	<input type="checkbox"/>
<input type="checkbox"/> 4. Administrative & Support Service Activities	<input type="checkbox"/>	<input type="checkbox"/> 15. Public Administration & Defence	<input type="checkbox"/>
<input type="checkbox"/> 5. Banking, Financial & Insurance Activities	<input type="checkbox"/>	<input type="checkbox"/> 16. Professional Legal Services	<input type="checkbox"/>
<input type="checkbox"/> 6. Building & Construction	<input type="checkbox"/>	<input type="checkbox"/> 17. Real Estate Activities	<input type="checkbox"/>
<input type="checkbox"/> 7. Business Consultancy & Services	<input type="checkbox"/>	<input type="checkbox"/> 18. Research & Development	<input type="checkbox"/>
<input type="checkbox"/> 8. Electrical & Electronics	<input type="checkbox"/>	<input type="checkbox"/> 19. Transportation & Logistics	<input type="checkbox"/>
<input type="checkbox"/> 9. Energy & Utilities	<input type="checkbox"/>	<input type="checkbox"/> 20. Wholesale & Retail Trade	<input type="checkbox"/>
<input type="checkbox"/> 10. Education	<input type="checkbox"/>	<input type="checkbox"/> 21. Chamber/ Association: No. of members_____	<input type="checkbox"/>
<input type="checkbox"/> 11. Health & Social Services.	<input type="checkbox"/>	<input type="checkbox"/> 22. Others, pls Specify:	<input type="checkbox"/>

Nature of Business* (If it is different from the Principal Activity stated in the company's business profile)		
Annual Turnover S\$ State Year:	Fixed Asset Investment @ net book value S\$ State Year:	Total No. of Employees* State Year:
Reason/s for Joining Corporate Membership*:		
How did you know about SBF? * <input type="checkbox"/> Newspaper reports about SBF <input type="checkbox"/> SBF Website <input type="checkbox"/> Events (Please specify): _____ <input type="checkbox"/> Others _____		
Are you referred by any of our SBF Staff/ SBF Member? If yes, please provide details (Name, Dept/ Company): _____		

Schedule of SBF membership fees for Associate Member

Category of Associate Members	Entrance Fees**	Annual Subscription Fees **
	(inclusive of 7%GST)	
a. Companies with paid up/ authorised share capital less than \$0.5m	S\$321	S\$321
b. Associations / Chambers / Societies registered in Singapore		S\$1070
c. Entitles not within any of the above Categories including business firm (sole-proprietorship or a partnership, Limited Liability Partnership (LLP), etc.)		S\$535

Note:

1) **PAYMENT METHODS**

BY BANK TRANSFER/ TELEGRAPHIC TRANSFER:

To ensure correct crediting to your company's account, please notify SBF of the payment details, i.e. Invoice No, Amount Credited and Date of Crediting/Remittance (via fax: 67340710 or email billing@sbf.org.sg, Attn: Accounts Dept)

Please note that bank charges are to be borne by the Remitter.

BY POST: Payment by cheque, cashier's order or bank draft must be crossed and made payable to "**Singapore Business Federation**" in Singapore currency drawn on a bank in Singapore.

2) All employees in the company will enjoy member benefits.

Terms & Conditions:

** Entrance fee and membership fees paid are **not** refundable on termination of membership. Membership is renewable annually. An invoice will be sent to the company on the anniversary date of joining for the annual membership fee. Three Months' Grace Period – Existing SBF members have a Three (3) month grace period from the date of expiry to renew their membership. Membership will be suspended after the grace period and no membership benefits nor privileges will be entitled during the period of suspension. **One (1) month advance termination notice** must be given in writing for termination. Membership validity and related privileges shall lapse upon termination & suspension. *Membership fee (annual or pro-rated) is payable up to the date of receipt of the termination notice. Please note that final **approval** of the **application** is **subject** (but not limited to) our receipt of complete supporting documentation for the application.

I, _____ / _____
 (Name, Designation, Signature) Date

hereby accept the above-mentioned Terms & Conditions, with the submission of this application form.

Thank you for your interest in SBF membership.

Please send the completed application form & supporting document (Bizfile) to:

Email – mr@sbf.org.sg (Attn: Associate Membership)

For Official Use:			
Approved / Not Approved	Application received date:	Membership ID:	Payment Received: YES / NO
	Application Processed Date:		Payment Details: Cash / Cheque / IB
Referred by SBF Staff: Y / N	Entrance Fees (\$321): A / NA		Membership Package mailed on:
Name/ Dept:	Annual Fees: AL/AF:S\$321 / BS:S\$535 / AC:S\$1070		
Remarks:			
Prepared By: Signature/ Date:		Approved By: Signature/ Date	