Singapore Indian Chamber of Commerce & Industry

MEMBERSHIP FORM

To apply for Membership, please complete all questions. All fields are mandatory. Singapore Indian Chamber Kindly tick where applicable. of Commerce & Industry First Name: Last Name: NRIC / FIN No. Nationality: **Ordinary Corporate** Ordinary Individual **Associate Corporate** Associate Individual Membership Type: \$\$460.10 \$\$460.10 \$\$353.10 \$\$353.10 Company Name: Contact (Mobile): Company UEN: Contact (Office): **ACRA Industry Classification:** Tittle/Position in Company: Company Email: **Company Website:** Company Address: Chairman/ **Annual Turnover:** > \$1 Million >\$100 Million Role: Management C-Suite Vice President/ > \$10 Million - \$100 Million Consultant Snr Management Mid Level Others: Associate Management Do you agree to receive information on **Business Interest:** Yes

SICCI Membership Contact:

If Yes, Name of Recommender:

SICCI Building 31 Stanley Street Singapore 068740

to join SICCI:

Tel: +65 6222 2855 | +65 9654 1346

Were you recommended by anyone

Yes

No

Fax: +65 6323 6746

Email: membership@sicci.com

Your Gateway Of Opportunities

SICCI activities on WhatsApp:

Feature in Member Directory

Show profile in Member Directory

Can you Recommend a Friend (Name & Mobile)

No

For Business to grow & thrive in Singapore and Abroad

ADVOCATOR. CONNECTOR. ENABLER.