

Membership Form

Membership Fees – SGD 1,000 per Annum

Date of Application



Business Information

Name of Business:	Tel No:
Former Business Name (if any):	Email:
Business Address:	Singapore Postal Code:



Representative Information

Name of <u>Primary</u> Representative:	Email:
Position in Firm:	Contact No:
Name of <u>Secondary</u> Representative:	Email:
Position in Firm:	Contact No:
Name of <u>Alternative</u> Representative:	Email:
Position in Firm:	Contact No:



Membership Agreement

The above information is true to the best of my knowledge. As a member or upon being admitted as a member, I agree to abide by the Constitution of the Remittance Association (Singapore) and hereby give consent to the **Remittance Association** (Singapore) to use all information provided including any personal data as per the need of the management committee in carrying out their duties & responsibilities.

Name of Authorised Signatory:

Date:

By completing & sending this Membership Form to info@remittance.org.sg, you are deemed to have agreed to the above Membership Agreement.