

NEW MEMBERSHIP APPLICATION FORM

SECTION 1 : APPLICATION INFORMATION

Company Name

Company Registration Number

Registered Address

Postal Code

City

State

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Correspondence Address

Postal Code

City

State

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone

Fax

<input type="text"/>	<input type="text"/>
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Fund Management License Number

Futures Fund Management License Number

Exempt Fund Management License Number

Exempt Futures Fund Management License Number

SECTION 2 : NOMINATED REPRESENTATIVES

NOMINATED REPRESENTATIVE 1

Name

Passport/Identification card number

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Designation

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E-mail

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Home Address

Correspondence Address

NOMINATED REPRESENTATIVE 2

Name

Passport/Identification card number

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Designation

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E-mail

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Home Address

Correspondence Address

SECTION 3 : DOCUMENTS TO BE SUBMITTED

- A copy of relevant license(s)
- A copy of the latest audited report
- Copies of Form 9, 24 and 49

SECTION 4 : COMMON SEAL/OFFICIAL STAMP and DECLARATION

I/We hereby declare and confirm to the best of my/our knowledge that the above information is true and correct.

Signature of Nominated Representative (1)

Name :

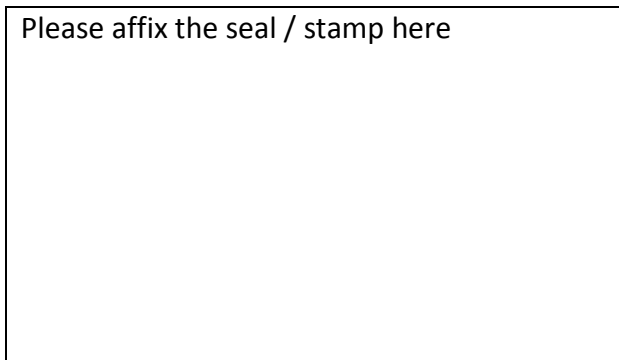
Designation :

Signature of Nominated Representative (2)

Name :

Designation :

Please affix the seal / stamp here



The Common Seal/Official Stamp of the Company