



新加坡汽车维修业公会

THE SINGAPORE MOTOR WORKSHOP ASSOCIATION

Mailing Address: Toa Payoh Central Post Office PO Box 323 Singapore 913111

Tel: 9615 8839 Fax: 6552 7750 ROS: 0240/1971 TAP

Website: www.smwa.org.sg Email: main@smwa.org.sg

APPLICATION FOR NEW MEMBERSHIP (Ordinary Member)

Please forward a cheque of \$340 ( \$100 one-time Admin Fee + \$240 1st Year Subscription) OR \$700 (\$100 one-time Admin Fee + \$600 the first 3 years special rate Subscription) together with this form & your ACRA Bizfile to us.

Cheque make payable to "SMWA". Mail to: Toa Payoh Central Post Office P O Box 323 S'pore 913111.

All information given on the form is strictly confidential. As the association's high professional standards are recognized, please ensure accurate completion of the application form.

Name of Company (in English and Chinese):

ROC No.:

Blank box for company name and ROC No.

Correspondence Method:

Address: \_\_\_\_\_

Postal code : \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Nature of Business (specialization):

( ) Spray painting ( ) Panel Beating ( ) Engine Repair ( ) Tyre/ Wheeling adjustment

( ) Air-Condition repairs & Servicing ( ) Car Grooming Service ( ) Car accessories

( ) Others, Please specify:

Authorized workshop Yes / No (Authorizer: \_\_\_\_\_ )

Name of Representative / Contact person:

English Name : \_\_\_\_\_ Chinese Character: \_\_\_\_\_

Position : \_\_\_\_\_ Mobile phone : \_\_\_\_\_ Email: \_\_\_\_\_

I/We hereby apply for membership to The Singapore Motor Workshop Association on the basis of the information provided above, and confirm that the information provided is correct. I/We agree to observe the Association's code of conduct and constitution and any agreed amendments that may be made subsequently.

Signature: \_\_\_\_\_ Company stamp : \_\_\_\_\_ Date : \_\_\_\_\_

For Office Use:

Proposer (must be a member of the Association).

I have known the applicant for \_\_\_\_\_ years and consider this position suitable for membership and support the application.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received Date: \_\_\_\_\_ Amount and cheque No : \_\_\_\_\_

Approved / Not Approved Approval date: \_\_\_\_\_

Membership Vice-President's Signature: \_\_\_\_\_

Ordinary Member must be a registered motor workshop providing vehicle repair service to public.