

Date: _____ Name: _____

Enclosed please find the following supporting documents: **Please put a tick on every submitted document:**

- | | |
|---|---|
| <input type="checkbox"/> Passport copy | <input type="checkbox"/> Profession practice certificate copy |
| <input type="checkbox"/> License copy | <input type="checkbox"/> Commercial register copy |
| <input type="checkbox"/> Corporate or establishment registration certificate copy | <input type="checkbox"/> Memorandum of incorporation of the establishment or society copy |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Public Establishment |
| | <input type="checkbox"/> Individual |

To be filled and returned to ICC UAE at the address below. Please indicate type of membership:

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporate or Public Establishment with 1 Representative | <input type="checkbox"/> Corporate or Public Establishment with 2 Representatives | <input type="checkbox"/> Corporate or Public Establishment with 3-5 Representatives |
|-------------------------------------|--|---|---|

Company / Organization / Individual: _____
 Address: _____
 Postal Code & City: _____ Country: _____
 Telephone: _____ Fax: _____
 Website: _____
 Email: _____
 Activities of company/organization: _____

Corporate or Public Establishment with 1 Representative

Family Name: _____ First (given) Name: _____
 Position: _____ Mobile: _____
 Direct Tel: _____ Direct Fax: _____ Direct Email: _____

Corporate or Public Establishment with 2 Representatives

1) Family Name: _____ First (given) Name: _____
 Position: _____ Mobile: _____
 Direct Tel: _____ Direct Fax: _____ Direct Email: _____

2) Family Name: _____ First (given) Name: _____
 Position: _____ Mobile: _____
 Direct Tel: _____ Direct Fax: _____ Direct Email: _____

Corporate or Public Establishment with 3-5 Representatives

1) Family Name: _____ First (given) Name: _____
 Position: _____ Mobile: _____
 Direct Tel: _____ Direct Fax: _____ Direct Email: _____

2) Family Name: _____ First (given) Name: _____
 Position: _____ Mobile: _____
 Direct Tel: _____ Direct Fax: _____ Direct Email: _____

3) Family Name: _____	First (given) Name: _____
Position: _____	Mobile: _____
Direct Tel: _____	Direct Fax: _____
	Direct Email: _____
4) Family Name: _____	First (given) Name: _____
Position: _____	Mobile: _____
Direct Tel: _____	Direct Fax: _____
	Direct Email: _____
5) Family Name: _____	First (given) Name: _____
Position: _____	Mobile: _____
Direct Tel: _____	Direct Fax: _____
	Direct Email: _____

Contact Person for ICC - UAE

Family Name: _____	First (given) Name: _____
Position: _____	Mobile: _____
Direct Tel: _____	Direct Fax: _____
	Direct Email: _____

Correspondence Option:

- All correspondence should be addressed to both Representative (s) or Member and to the Contact Person(s).
- As an ICC member, I/my organization agrees that all rights in any rules, codes, papers, reports, training materials, or other works produced by ICC commissions, task forces or other groups are collective works initiated by ICC in which ICC holds all rights. I undertake to abide by all regulations of ICC UAE. I/my organization further agree(s) that any individual contributions that I/any representative of my organization may make to such works will not give rise to any rights in such collective works.
- The information requested is necessary for your membership. It will be registered in a database and used for the sole purposes of the ICC Secretariat. In accordance with articles 39 and following of the French Law "informatique et libertés" of 6 January 1978, as modified, you may access this information and ask for rectification by writing to ICC information Services, 38 cours Albert ler, F-75008 Paris.

Membership Fees

Category	First Year Membership Fee	Membership Renewal Fee
<input type="checkbox"/> Individual Membership	AED 3,000/-	AED 3,000/-
<input type="checkbox"/> Corporate Membership (One representative)	AED 3,000/-	AED 3,000/-
<input type="checkbox"/> Corporate Membership (2 persons from same firm)	AED 4,500/-	AED 4,000/-
<input type="checkbox"/> Corporate Membership (3-5 persons from same firm)	AED 6,000/-	AED 5,000/-

Payment Options

Please write a cheque in the name of the "UAE National Committee for ICC" or proceed by Bank Transfer :

Bank: Emirates NBD, Account No: 1012121653301 IBAN: AE410260001012121653301

Bank Address: Al Etihad Branch, P.O. Box No. 777 Deira, Dubai.

This document is generated by an electronic system and doesn't need a signature.

SUBMIT MEMBERSHIP APPLICATION FORM

For further information, please contact Tel No. 04-2208288, Fax No. 04-2208842,
P.O. Box: 8886, Dubai E-mail: info@iccuae.com or visit our website: www.iccuae.com