



SINGAPORE
FURNITURE ASSOCIATION
新加坡家具商会

FURNITURE & INTERIOR RENOVATIONS ADVISORY COMMITTEE GOOD QUALITY SERVICE SCHEME APPLICATION FORM

Company Particulars

Name of company _____

(English) _____

(Chinese) _____

Address: _____

Telephone: _____

Facsimile: _____

Website: _____

Email: _____

ROC Number: _____

Name of Person-In-Charge:

Dr/ Mr/ Mrs/ Ms/ Mdm _____

Designation: _____

Nationality: _____

NRIC: _____

Name of Authorised Representative:

Dr/ Mr/ Mrs/ Ms/ Mdm _____

Designation: _____

Nationality: _____

NRIC: _____

Address of Showrooms:

1) _____

2) _____

3) _____

4) _____

7500A Beach Road, #04-302

The Plaza, Singapore 199591

Tel: (65) 6298 1600

Fax: (65) 6296 2355 / (65) 6298 0028

Email: enquiry@sfa.org.sg

Website: www.sfa.org.sg

ROS: 919/47 TAP



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Declaration

- 1) I declare that the above particulars are true and correct.
- 2) I declare that I am not a bankrupt and that there are no Bankruptcy Notices issued against me.
- 3) I understand that this Application Form is subject to acceptance by SFA and the Association reserves the right to decline any application without assigning any reasons thereafter provided that the Application Fee and the annual subscription fee paid by me shall be refunded to me without interest in the event my application shall be declined.
- 4) I declare that upon approval of my application hereunder, the Application Fee shall be non-refundable and I will pay an annual subscription fee as shall be prescribed by SFA from time to time.
- 5) I further declare that I have read and accepted the Code of Practice annexed hereto and agree to be bound by the terms and conditions contained therein and such terms and conditions and amendments thereof as may be in force from time to time.

Mode of Payment: Cash/ Cheque (Please delete accordingly)

Enclosed is my cheque no. _____ S\$ _____ being payment of:

- Annual Subscription fee - S\$374.50(inclusive of 7%GST)
- PLUS
- Additional Outlet - S\$107.00(inclusive of 7%GST) per outlet
(Please indicate no. of outlets: _____)

Signature of Applicant/ Date

Company Stamp

Referrer's Particulars (must be a member of the association)

Name of Company: _____

Name of Authorised Representative: _____

Signature of Referrer _____ Company Stamp _____

For Official Use

Signature of Honorary Secretary _____

Date of Approval _____

SFA/QSS Membership No. _____

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