



SINGAPORE
FURNITURE ASSOCIATION
新加坡家具商会

SINGAPORE FURNITURE ASSOCIATION MEMBERSHIP APPLICATION FORM

Membership Category

Full Member

Company Particulars

Name of Company

(English): _____

(Chinese): _____

Address: _____

Telephone: _____ Facsimile: _____

Website: _____ Email: _____

ROC Number: _____ Year of Establishment: _____

No. of
Employees: _____

No. of Branches or Showrooms:
(Local): _____ (Foreign) _____

Name of Person-In- Charge:

Dr/ Mr/ Mrs/ Ms/ Mdm _____

Designation: _____ Nationality: _____

NRIC: _____ Handphone: _____

Email: _____

Name of Authorised Representative:

Dr/ Mr/ Mrs/ Ms/ Mdm _____

Designation: _____ Nationality: _____

NRIC: _____ Handphone: _____

Email: _____

Capital Structure

Registered Capital: _____ Paid Up Capital: _____

Annual Turnover

2005 \$ _____

2006 \$ _____

2007 \$ _____

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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Type of Company

Sole Proprietor Partnership Private Limited Public Limited

Others, please specify: _____

Main Business Activity

Retailer Manufacturer Distributor Wholesaler

Trader (Import & Export) Interior Design Service

Others, please specify: _____

Declaration

We hereby apply to be

*a full member of the association.

Entrance Fees (One Time Payment)	<input type="text"/>	Amount S\$321.00 (incl. GST)
Mode of payment (Annually)	<input type="text"/>	Amount S\$192.60 (incl. GST)
Total	<input type="text"/>	Amount S\$513.60 (incl. GST)

Cheque should be made payable to **“Singapore Furniture Association”**
(For payment details, please refer to the membership structure)

Applicants signature and company's stamp _____

Date _____

Important:

Please enclose the following:

1. A photocopy of your company's registration certificate from the Registry of Companies and Business.
2. Two I/C size photographs of your company's representative.
3. Products Catalogue/Company Profile.
4. Cheque has to be mailed to the Association not more than 2 weeks upon the submission of application.

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 _____

Name of Honorary Secretary _____

Date of Approval _____

Membership No. _____

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