

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"/> Individual | <input type="checkbox"/> Corporate |

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Independent Professional Member (IPM) | <input type="checkbox"/> Corporate Member (Up to Three) | <input type="checkbox"/> Corporate Member (Up to Five) | <input type="checkbox"/> Corporate Member (Up to Ten) |
|--|---|--|---|

Company / Organization / Individual:

Address:

Postal Code & City _____

Country:

Telephone:

Fax:

Website:

Email:

Activities of company/organization:

Member's Details

- | | |
|----------------------|--------------------|
| 1) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 2) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 3) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 4) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 5) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 6) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 7) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 8) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 9) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |
| 10) Full Name: _____ | Designation: _____ |
| Mobile: _____ | Email ID: _____ |

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

Membership Channel	Nominees to Commission and Voting Rights	Membership Fees
<input type="checkbox"/> Independent Professional Member (IPM)	One	AED 1,500/-
<input type="checkbox"/> Corporate Member	Up to Three	AED 3,000/-
	Up to Five	AED 4,000/-
	Up to Ten	AED 6,000/-

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

P.O. Box: 8886, Dubai E-mail: info@iccuae.com or visit our website: www.iccuae.com