

PERSONAL INFORMATION: (*Please delete as appropriate)

*Dr/Mr/Ms/Mrs:		Membership No:
_____	_____	_____
(Surname)	(Name as in IC/Passport)	(Alias)
Residential address:		
Correspondence address (if different from Residential Address):		
Mobile no.:		E-mail address:
NRIC/Passport No:		Nationality:
When did you first join the industry? (MM/YY):	Highest academic qualifications attained:	Professional qualifications attained:

DETAILS OF PRESENT EMPLOYMENT:

Name of Employer:	Designation and Department:	Date Joined: DD/MM/YY
Office Address:		
Office Telephone No:	Office Fax No:	
Which of the following best describes your area of business? Please tick as appropriate. <input type="checkbox"/> FX / Rates / Derivatives <input type="checkbox"/> Fixed Income/ Credit Product / Credit Derivatives <input type="checkbox"/> Equities / Equity Derivatives <input type="checkbox"/> Energy Product / Energy Derivatives <input type="checkbox"/> Fund Management / Alternative Asset Management <input type="checkbox"/> Others (please state): _____		

HOBBIES / INTEREST / SPORTS

Which are your favourite activities? Please tick as appropriate.		
<input type="checkbox"/> Badminton	<input type="checkbox"/> Billard	<input type="checkbox"/> Bowling
<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Squash
<input type="checkbox"/> Tennis	<input type="checkbox"/> Others (please state) : _____	

I declare that all particulars furnished by me in this form are true.

Signature of Member

Date

P/S : Please fax the completed form to the Secretariat at fax no. 6732-0425 or mail to:-

The Secretariat
ACI Singapore – The Financial Markets Association
7500A Beach Road
#13-322, The Plaza
Singapore 199591