



UEN: S72SS0038G

## MEMBER'S PARTICULARS UPDATE FORM

**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:	
<p><b>Which of the following best describes your area of business? Please tick as appropriate.</b></p> <p><input type="checkbox"/> FX / Rates / Derivatives</p> <p><input type="checkbox"/> Fixed Income/ Credit Product / Credit Derivatives</p> <p><input type="checkbox"/> Equities / Equity Derivatives</p> <p><input type="checkbox"/> Energy Product / Energy Derivatives</p> <p><input type="checkbox"/> Fund Management / Alternative Asset Management</p> <p><input type="checkbox"/> Others (please state): _____</p>		

**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

**Please return completed form to:**

ACI Singapore – The Financial Markets Association  
7500A Beach Road  
#13-322, The Plaza  
Singapore 199591  
Attn: The Secretariat  
Fax no.: +65 6732-0425    Email: enquiry@acisin.com