



APPLICATION FOR MEMBERSHIP

Singapore Shipping Association
59 Tras Street
Singapore 078998

Date : _____

Dear Sir

We wish to apply to be an **Ordinary/Associate*** Member of the Singapore Shipping Association, and submit below our particulars for your consideration.

1. Name & Address of Company

Telephone: _____ Fax: _____

Company E-mail: _____ Company's Internet Web Site: http: // _____

2. History & Structure of Company

(a) Date of Incorporation: _____

(b) Registrar of Companies & Business Certificate of Incorporation No: _____

(c) Previous Name(s) of Company (if any)

i) Date(s) of change of name: _____

ii) Reasons for change of name: _____

3. Description of Company's Business: (Not more than 20 words)

4. Type of Organisation: Private Limited/ Public Limited Company/ Sole Proprietorship/Partnership* (Please delete inapplicable)

5. Authorised Capital of Company :S\$ _____

Paid - up capital of Company :S\$ _____

6. Name of Bankers

7. For Private Limited / Public Limited Company only:

(a) Number of Shares Issued: _____

(b) Value per Share: S\$ _____ (c) Number of Shareholders: _____

(d) Particulars of all Shareholders:

i) For Private Limited Company:

Name of Shareholders	Nationality	Shares Held	Percentage
_____			%
_____			%
_____			%
_____			%
_____			%
		Total: \$ _____	100%

ii) For Public company, as on date of application

Percentage of shares held by Singapore Citizens or Permanent Residents: _____%

Percentage of shares held by Non - Citizens and others: _____%

Total: _____%

8. Is Company a Holding or Subsidiary Company of another Company? Yes / No*

(a) If yes, Name & address of Holding / Subsidiary Company:

9. For Sole Proprietorship and Partnership Firms only:

(a) Name & Address of Proprietor / Partners*:

i _____
_____ Nationality: _____

ii _____
_____ Nationality: _____

(b) Name(s) and Address (es) of Affiliated Firm(s)/Company (ies) in Shipping (if any):

10. Date of last audited Annual Accounts: _____

11. Number of Employees in your Company at present: _____

12. Data on Representatives:

(a) Name of Chief Executive Officer / Managing Director: _____

Nationality : _____ Designation: _____ Age: _____

Tel : _____ Personal E-mail Address : _____

(b) Name of representative: _____

Nationality : _____ Designation: _____ Age: _____

Tel : _____ Personal E-mail Address : _____

13. Please mark "X" in the boxes below based on the activities which best describe the business of your company which is applying for membership.

(a) Singapore based shipowners

- Foreign going ships ☐
- Harbour craft - bunker tankers ☐
- Harbour craft - tugs, barges, supply and salvage vessels, other specialised craft ☐

(If any of the boxes in (a) are marked, please also complete Question 16.)

(b) Shipping Agency

- Container Liner Shipping ☐
- Bulk Shipping ☐
- Conventional Shipping ☐

- Tanker Shipping ☐
- Tramp Shipping ☐

(If any of the boxes in (b) are marked, please complete Questions 14 and 15 as well.)

(c) Ship Management

- Full technical services ☐
- Manning ☐

(d) Bunkering

- Bunker supplier ☐
- Bunker trader / broker ☐

(e) Ship Brokering ☐

(f) Ship Chartering ☐

(g) Freight Forwarding ☐

(h) Ship Financing / Banking ☐

(i) Ship Insurance / P & I / Underwriters ☐

(j) Marine legal services ☐

(k) Marine Consultancy ☐

(l) Shipbuilding and Shiprepairing ☐

(m) Classification Society ☐

(n) Bunker Surveyor ☐

(o) Ship Supplier ☐

(p) Port / Terminal operators ☐

(q) Marine Equipment Supplier ☐

(r) Others, please specify : - _____

14. Current Shipping Activities: _____

(a) Area(s) of operation: _____

(b) Type of service: Tramping / Liner / Conference / etc

State: _____

(c) Average Number of vessels handled per month in Singapore:

Trampers: _____

Liners: _____

Others: _____

15. Current Shipping Agencies Held:

16 Vessel Type

Type

Vessel Code

Bulk Carrier	BC
Combination Carrier	CC
Container Ship	CS
Chemical Tanker	CT
Floating Production Storage & Offloading	FPSO
General Cargo ship	GCS
Liquefied Gas Carrier	LGC
Liquefied Petroleum Carrier	LPC
Miscellaneous	MISC
Non-Propelled Barge	NPB
OBO Carrier	OBO
Offshore Supply Vessel	OSV
Oil Tanker	OT
Propeller Barge	PB
Passenger Ferry	PF
Product Tanker	PT
Rig	RIG
Survey Vessel	SV
Training Suction Hopper Dredger	TSHD
Tug+	TUG
Utility Vessel	UV
Vehicle Carrier	VC
Very Large Crude Carrier	VLCC

+ Includes Anchor Handling Tug and related supply vessels.

Please complete fleet statistics table in the following page using the vessel code above.

Vessels' Particulars as at _____ (Date)

Name of Company: _____

Name of Vessels	Please State A, B, C, OR D (See notes below)	Country of Registration	Type of Vessels (Use Vessel Type Provided)	Year of Built	GT	DWT	TEU

NOTES:

A – Owned by the Company

B – Managed by the Company

C – Chartered / Operated by the Company

D – If two or more functions of the above, please indicate which

NB: If your company is a ship agency, you are not required to complete this form

Please make photocopy of this form if space
is insufficient.

17. DECLARATION

We, the undersigned, certify that the statements made by us herein are correct. If elected to the appropriate type of membership, we undertake to accept and agree to abide by the Constitution, Rules and Bye-laws of SSA and such alterations and amendments, including rates of subscriptions, as may be made from time to time.

We enclose:

- (i) A cheque made payable to “**SINGAPORE SHIPPING ASSOCIATION**”, for the entrance fee of **S\$2,000/-** (NB. Please add additional 7% Goods & Services Tax (GST) to the S\$2000/-. GST is payable under Singapore Tax law). We understand that the cheque will be returned to us if our application for membership is rejected;
- (ii) Our Company’s latest audited accounts;
- (iii) A business profile of our Company from the Accounting and Corporate Regulatory Authority (ACRA) (NB. The ACRA extract should be the most recent and not more than 2 weeks old at the time of submission of the application).

Company’s Stamp

(I) _____
Representative’s Signature

Name: _____

Designation: _____

Email Address : _____

(ii) _____
Alternate’s Signature

Name: _____

Designation: _____

Email Address : _____

18. PROPOSER AND SECONDER

i) _____
Name of Proposer
(Company)

ii) _____
Name of Seconder
(Company)

Name & Signature of Authorised Signatory

Name & Signature of Authorised Signatory

Company’s Stamp

Company’s Stamp

Please note that in accordance with the SSA Constitution, one of the members who propose or second the application must be a current Ordinary Member of the Singapore Shipping Association. Non-Members are not eligible to propose or second the application.

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Recommended by Membership Committee:

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by Council

Date: _____

Applicant advised: _____

Membership Certificate No: _____ Date: _____

Application Fee Receipt No: _____