



# AFFILIATE SCHEME

The SAICSA Affiliate Scheme was implemented in July 2005.

## Admission Criteria

The admission as an Affiliate is open to persons who do not possess the ICSA qualification but are otherwise engaged in the profession of corporate secretaryship and administration, corporate compliance and allied fields to the satisfaction of the Council as follows:

- a) Members of prescribed bodies under Section 171(1A) (c) of the Companies Act (Chapter 50).
- b) Any other person who has demonstrated interest in the profession of company secretaryship, corporate governance and corporate administration to the satisfaction of the Council.

## Benefits

**The benefits of the Scheme are:**

- ⇒ Free access of SAICSA Professional Updates
- ⇒ Members rate for all continuing professional education and development programmes.

## Others

### **Restriction on the use of post nominals and description of Chartered Secretaryship**

Participation in the Scheme will not accord a membership status with SAICSA. Affiliates do not receive all benefits available to SAICSA members, in particular, use of the full range of members, use of the post nominals of ACIS and FCIS and the ability to use the professional description "Chartered Secretary". However, Affiliates are allowed to describe themselves as an "Affiliate of SAICSA".





Please Affix  
Passport-size  
Photograph  
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## THE SINGAPORE ASSOCIATION OF THE INSTITUTE OF CHARTERED SECRETARIES & ADMINISTRATORS

149 Rochor Road, #04-07 Fu Lu Shou Complex , Singapore 188425  
Tel: 65 63344302 Fax: 65 63344669 E-mail: admin@saicsa.org.sg  
Homepage: [www.saicsa.com](http://www.saicsa.com).

### APPLICATION FOR ADMISSION AS AN AFFILIATE

*(Please complete ALL SECTIONS in BLOCK LETTERS)*

To the Council of SAICSA:

I hereby apply for admission as an affiliate of The Singapore Association of the Institute of Chartered Secretaries and Administrators (SAICSA) and if accepted, I hereby to abide the Rules and Regulations of SAICSA pertaining to the Affiliate Scheme in force from time to time.

*(\*Delete as appropriate)*

I do solemnly and sincerely declare that:

- I am not an undischarged bankrupt
- I have not been convicted whether within or outside Singapore of any offence:-
  - in connection with the promotion, formation or management of a corporation
  - involving fraud or dishonesty punishable on conviction with imprisonment for three months or more.

I hereby certify that all information given in this application and attached annexure(s), if any, are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

*(Please state according to your Identity Card)*

### FEES PAYABLE ON ADMISSION

In support of my application, I enclose herewith a cheque Bank \_\_\_\_\_  
Branch \_\_\_\_\_ No. \_\_\_\_\_ of S\$ \_\_\_\_\_ being payment of:-

Admission Fee	: S\$100.00	<b>(All cheques should be made payable to "SAICSA")</b>
Annual Fee	: <u>S\$299.60</u>	
Total	: <u>S\$399.60</u>	

#### FOR OFFICE USE ONLY

Date Received: ..... Application Serial No: .....

Checked By: (1) ..... (2) .....

Receipt No: ..... Date Issued: .....

Approved / Reject: ..... Date of Admission: .....

Category Approved: ..... SAICSA Affiliate No: .....

**APPLICANT'S PERSONAL PARTICULARS**

**Please complete ALL SECTIONS in BLOCK LETTERS and please enclose CERTIFIED COPY of IDENTITY CARD**

Name: (\*Mr/Mrs/Miss/Madam).....

NRIC No. .... Age: .....

Date of Birth: ..... Nationality/Race: ..... Sex: M/F .....

Residential Address: .....

..... Postcode: .....

Tel: (H) ..... Mobile: ..... E-Mail: .....

Mailing Address: .....

..... Postcode: .....

**CURRENT EMPLOYMENT**

Name of Organisation: .....

Tel: (O) ..... Fax: ..... E-mail: .....

Designation: .....

Organisation Address: .....

..... postcode: .....

Nature of Business of Employer: .....

If the principal activity of your organisation is business / management services, please indicate the main area of services provided:

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Company Secretarial    | <input type="checkbox"/> Business Advisory             |
| <input type="checkbox"/> Accounting             | <input type="checkbox"/> Data Processing               |
| <input type="checkbox"/> Auditing               | <input type="checkbox"/> Personnel Management          |
| <input type="checkbox"/> Taxation               | <input type="checkbox"/> Insolvency                    |
| <input type="checkbox"/> Management Consultancy | <input type="checkbox"/> It Management                 |
| <input type="checkbox"/> Financial Management   | <input type="checkbox"/> Others, please specify: ..... |

<b>EDUCATION HISTORY</b>
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**FURTHER AND/ OR HIGHER EDUCATION (academic Qualifications)**

<b>University / College or other Awarding Body</b>	<b>Certificate, Diploma, Degree Awarded</b>	<b>Year Obtained</b>

<b>MEMBERSHIP OF PROFESSIONAL BODIES</b>
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**Please state NAME of ASSOCIATION and please enclose CERTIFIED COPY of MEMBERSHIP CERTIFICATE:-**

<b>Name of Association</b>	<b>Membership No</b>