

Associateship Application Form

Grad.CG Number:

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Name of Applicant: _____



APPLICATION FOR ELECTION TO ASSOCIATESHIP

FOR OFFICIAL USE ONLY	
Date Received:	_____
Tabled at the CFS Membership Committee Meeting held on:	_____ <i>DD/MM/YYYY</i>
Application Fee Received: <i>*tick where applicable</i>	<input type="checkbox"/> By Cheque <i>Issuing Bank:</i> _____ <i>Cheque No.</i> _____ <input type="checkbox"/> NETS <input type="checkbox"/> Cash
Amount Paid: S\$ _____	Tax Invoice No.: Y _____ / _____
Certificate Issued Date:	_____

I. PERSONAL PARTICULARS

Salutation:	*Mr/Ms/Mrs/Mdm		
Name of Applicant: (as per identity card)	<i>Membership certificate issued will bear the name given above, which should therefore be written in full and underline the family name.</i>		
*Last 4 digits of NRIC/FIN No.:		Date of Birth: <i>DD/MM/YYYY</i>	
Grad.CG No.:		Grad.CG Date of Admission:	

*Delete where applicable

Residential Address:			
	S ()		
Telephone (Res):		Mobile:	
Personal Email Address:			

Employing Organisation:			
Designation:			
Office Address:			
	S ()		
Office No.:		Fax No.:	
Office Email Address:			

Preferred billing address: Residential Office
Please tick where applicable

Preferred mailing address: Residential Office
Please tick where applicable

Preferred email address: Personal Office
Please tick where applicable

II. EMPLOYMENT HISTORY

“to have the required period of relevant experience, i.e. six years reduced by up to three years for acceptable further education”

- Please provide your full career history in chronological order, starting with your CURRENT employment.
- If you have had any promotions and/or re-designations during any of your employment(s) with the same employer, please include them as separate entries.
- You are required to provide a company reference letter that states the job scope of your current employment as a supporting document. (refer to clause (G)(3) in the notes)
- Past employments may be certified either with referee’s signature and company stamp, or a company reference letter/testimonial as a supporting document.

*The referee in each case has to be a senior officer in the organisation concerned. The referee is asked to certify from personal knowledge that the information, given by the applicant in the section next to the referee’s signature, is true and correct. The referee is invited to provide any remark or amplification considered relevant, in a supporting letter.

CURRENT EMPLOYMENT			
Name of Organisation:			
Job Designation:			
Effective Period: <i>DD/MM/YYYY</i>	(From)	(To)	PRESENT
Referee’s Name:		Designation:	
Signature of Referee and Date		Company Stamp	

PAST EMPLOYMENT(S)			
Name of Organisation:			
Job Designation:			
Effective Period: <i>DD/MM/YYYY</i>	(From)	(To)	
<input type="checkbox"/> Reference Letter/Testimonial		<input type="checkbox"/> Referee	
Referee’s Name:		Designation:	
Signature of Referee and Date		Company Stamp	

[to be continued on the next page]

Associateship Application Form

Name of Organisation:			
Job Designation:			
Effective Period: <i>DD/MM/YYYY</i>	(From)		(To)
<input type="checkbox"/> Reference Letter/Testimonial	<input type="checkbox"/> Referee		
Referee's Name:		Designation:	
Signature of Referee and Date		Company Stamp	

Name of Organisation:			
Job Designation:			
Effective Period: <i>DD/MM/YYYY</i>	(From)		(To)
<input type="checkbox"/> Reference Letter/Testimonial	<input type="checkbox"/> Referee		
Referee's Name:		Designation:	
Signature of Referee and Date		Company Stamp	

Name of Organisation:			
Job Designation:			
Effective Period: <i>DD/MM/YYYY</i>	(From)		(To)
<input type="checkbox"/> Reference Letter/Testimonial	<input type="checkbox"/> Referee		
Referee's Name:		Designation:	
Signature of Referee and Date		Company Stamp	

(If the page is insufficient, please photocopy an additional sheet to complete)

III. PRESENT ANNUAL INCOME RANGE

Please tick where applicable.

- Less than S\$30,000
 S\$30,000 – S\$50,000
 S\$50,001 – S\$75,000
 S\$75,001 – S\$100,000
 S\$100,001 and above

IV. FURTHER AND/OR HIGHER EDUCATION

*“to have the required period of relevant experience, i.e. six years reduced by up to **three** years for acceptable further education”*

- Please provide supporting documentary evidence to the following information provided.

Awarding Institution	Period of Study		Full-time or Part-time Study	Certification Obtained/ Degree Awarded
	From	To		

V. OTHER PROFESSIONAL QUALIFICATION(S) OBTAINED

Name of Professional Organisation	Period of Study		Full-time or Part-time Study	Designatory Letters	Date Elected to Membership	Membership Number
	From	To				

VI. ACTIVE INVOLVEMENT IN ACTIVITIES OR RELATED PROFESSIONAL MATTERS

- If you are actively involved in any activities or related professional matters, please list them in the box below and attach the relevant supporting documents (if any).

VII. SPONSORS' RECOMMENDATION

*“Applicants for Associateship must be recommended by **two** signatories of professional status, one of whom should, if possible, is a member of CGI Singapore Division and both of whom must have known the applicant for at least one year.”*

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NAME OF APPLICANT (IN BLOCK LETTERS)

We, the undersigned, having known the above name for the period set against our names, hereby recommend him/her*, from our personal knowledge, as a fit and proper person for election as Associate of CGI Singapore Division.

**Delete where applicable*

1.	Full Name: (in block letters)			
	Organisation:			
	Period Known: (in months and years)		Profession/ Occupation:	
	Contact No.:		Email Address:	
	Employment Address:	S ()		
	CGI Membership Grade: <i>Please tick where applicable</i>	<input type="checkbox"/> ACG <input type="checkbox"/> FCG	Membership No.:	
	Other Professional Memberships Obtained:		Membership No.:	
<hr style="width: 50%; margin: 0 auto;"/> Signature of Sponsor and Date				

2.	Full Name: (in block letters)			
	Organisation:			
	Period Known: (in months and years)		Profession/ Occupation:	
	Contact No.:		Email Address:	
	Employment Address:	S ()		
	CGI Membership Grade: <i>Please tick where applicable</i>	<input type="checkbox"/> ACG <input type="checkbox"/> FCG	Membership No.:	
	Other Professional Memberships Obtained:		Membership No.:	
<hr style="width: 50%; margin: 0 auto;"/> Signature of Sponsor and Date				

VIII. DECLARATION

Please verify that all fields are correct and tick all boxes.

- I hereby apply for election as an Associate of The Chartered Governance Institute, Singapore Division.
- I agree to pay all prevailing fees and subscriptions for which I become liable.
- I undertake to be bound by
 - the prevailing provisions of the CGI Charter and Bye-Laws, and
 - the CGI Singapore Division's prevailing Regulations.
- I hereby confirm that all details given in this application form are true and correct as at the date of application.

To support my application for election to Associateship, I make the following declaration in terms of my character and standing:

Yes No

- 1. I am not an undischarged bankrupt and my affairs are currently not subject to any arrangement with creditors or other external administration or any such proceedings which are pending against me.
- 2. Within the past five years, I have not been convicted of any offence of such nature that, if I had been a member of the CGI Singapore Division at the time, would have been likely to have given rise to disciplinary actions been taken against me by the CGI Singapore Division under its Regulations.
- 3. Within the past five years, I have not been conducted myself, whether by act or default in a manner that, if I have been a member of the CGI Singapore Division at the time, would have been discreditable to the CGI Singapore Division having regard to the Code of Professional Ethics and Conduct.

(if the answer to any of the above is No, please provide further information.)

Full Name of Applicant Signature of Applicant Date

IV. PERSONAL DATA POLICY

**Chartered Governance Institute (CGI) Singapore Division
Personal Data Policy**

In compliance with the Personal Data Protection Act 2012 (“**PDPA**”), we seek your consent to collect and use your personal data for the purpose of maintaining the register of members and participate in the events organised by CGI Singapore Division and to promote courses and/or events which may be relevant to you, and to disclose such personal data to affiliated organisations where necessary (“**Purposes**”).

We will provide you with details of upcoming events, seminars, workshops, conferences and training programmes organised by CGI Singapore Division and its affiliated organisations, and to provide you with information of other promotions which may be relevant to you (“**Services**”).

I hereby give my acknowledgment and consent to CGI Singapore Division to use my personal data for the aforementioned purposes and services. In the event that I have registered with the Do-Not-Call Registry and wish to withhold or withdraw my consent to CGI Singapore Division, I will also endeavour to provide sufficient notice to CGI Singapore Division as soon as reasonably practicable.

Full Name of Applicant

Signature of Applicant

Date

~~END OF FORM~~

NOTE: Please note that incomplete applications received will not be tabled at the Membership Committee meeting unless substantiated with the appropriate information as requested by the Secretariat.