Tel No.: 6334 4302
Fax No.: 6334 4669
Email: members@csis.org.sg

CHARTERED SECRETARIES INSTITUTE OF SINGAPORE

APPLICATION FOR PRACTISING CERTIFICATE

Name of Applicant: _____ *ACS/FCS

Membership Number: _____

*Please delete where applicable

FOR OFFICIAL USE ONLY
Date Received: _____
Tabled at the CSIS Membership Committee Meeting held on: _____ *DD/MM/YYYY*
Application Fee Received: ☐ By Cheque **tick where applicable* *Issuing Bank:* _____ *Cheque No.* _____ ☐ NETS ☐ Cash
Amount Paid: S$ _____ Tax Invoice No.: Y _____ / _____
Certificate Issued Date: _____

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Part I: Personal Particulars ----------

(To be completed by applicant, please underline surname)

#Name of Applicant: (*Mr/Mrs/Ms/Mdm) _____

 # (Practising certificate issued will bear the name given above, which therefore should be in full.)

Last 4 digits of *NRIC/ FIN No.: _____ Date of Birth: _____

Residential Address: _____

_____ Singapore ( )

Contact No.: (Res) _____ (MP) _____ (Office) _____

^Office Email Address: _____

^ (All emails related to the Practising Certificate Scheme will be sent to the office email address.)

CSIS Membership Number: _____ *ACS/FCS

Part II: Public Practice ----------

Name of Organisation: _____

UEN No.: _____ Filing Agent (FA) No.: _____

FA Registration Date: _____ FA Expiry Date: _____

Organisation Address: _____

_____ Singapore ( )

Telephone No.: _____ Fax No.: _____ Website: _____

List of Services Offered (tick one or more options):

Corporate Management Services

- ☐ Share registration services
- ☐ Accounting/treasury services
- ☐ Corporate finance
- ☐ Wealth management
- ☐ Payroll administration
- ☐ Loan applications
- ☐ License/permit applications
- ☐ Risk management
- ☐ Internal audit
- ☐ Budgetary and Cost control
- ☐ Tax agent/consulting services
- ☐ Due diligence services
- ☐ Work permit application
- ☐ Trademark registration

Corporate Advisory Services

- ☐ Corporate governance
- ☐ Strategic advisory services
- ☐ Marketing strategies services
- ☐ Business development
- ☐ Organisational development
- ☐ Mediation
- ☐ Brand management
- ☐ Business re-engineering
- ☐ Business re-modelling
- ☐ Mergers and acquisitions

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List of Services Offered (tick one or more options):

Corporate Secretarial Services

☐ Incorporation of limited companies (private and public) and guarantee companies
☐ Registration of foreign companies in Singapore
☐ Sale of shelf companies
☐ Company secretarial and consultancy services
☐ Compliance services
☐ Conversion to public companies
☐ Services for pre-listing exercises
☐ Post-listing services
☐ Members voluntary winding up

☐ Other Services (please state): _____

Supporting document to be provided:

- A copy of the Business Profile extracted from BizFile+ of the organisation.

Part III: Professional Indemnity Insurance----------

(A valid and current professional indemnity insurance policy should be in place in accordance with the Practising Certificate Scheme.)

Insurance Company: _____

Policy No.: _____ Sum Insured: _____

Effective Period: (From) _____ (To) _____

Supporting document to be provided:

- A copy of the above professional indemnity insurance policy
  (Minimum level of cover shall generally be $500,000 for any one claim.)

Part IV: Sponsor ----------

To: The CSIS Membership Committee

I, _____ , hereby certify that I have known
(full name of sponsor)

*Mr / Mrs / Ms / Mdm _____ for _____ years.
(full name of applicant)

*He / She has been in public practice for at least three (3) years without disrepute.

_____ _____
Full Name of Sponsor Designation

_____ _____
Signature/Date Company Stamp

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Part V: Annual Income Range ----------

(Please tick accordingly)

☐ Up to S$15,000 ☐ S$15,001 – S$25,000 ☐ S$25,001 – S$50,000

☐ S$50,001 – S$75,000 ☐ S$75,001 – S$100,000 ☐ S$100,001 – S$150,000

☐ S$150,001 – S$200,000 ☐ S$200,001 and above

Part VI: Current Employment ----------

Organisation Name: _____

Job Designation: _____ Date of Commencement: _____
(in DD/MM/YYYY)

Job Description:
(if the space provided below is insufficient, you may append the information in a separate document)

_____

_____

_____

_____

_____

_____

i) Are you the authorised representative of a registered FA?

☐ Yes ☐ No

ii) Are you the registered QI of a registered FA?

☐ Yes ☐ No

iii) Please provide the list of companies that you are named as Company Secretary.

☐ The list of companies that I am named as Company Secretary is appended.

☐ I am not the named Company Secretary of any companies.

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Part VII: Employment History ----------

Eligibility: The applicant is able to satisfy the CSIS Membership Committee that he/she has adequate experience in the subject areas in which he proposes to practise.

Note:

- **Start with your most recent past employment**
- **To include details of career before entering public practice, and any gaps in unemployment, stating the reason for unemployment.**
- **Please indicate your job title in each entry as at the date of departure of employment, and include any relevant promotions and/or re-designations from the job commencement, along with the relevant date.**
- **Please enclose testimonials from employers (past and present) to support this application.**

PAST EMPLOYMENT(S)			
Name of Organisation:			
Job Designation:			
Effective Period: *DD/MM/YYYY*	(From)	(To)	
Referee's Name:		**Designation:**	
Signature of Referee and Date		**Company Stamp**	

Name of Organisation:			
Job Designation:			
Effective Period: *DD/MM/YYYY*	(From)	(To)	
Referee's Name:		**Designation:**	
Signature of Referee and Date		**Company Stamp**	

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Name of Organisation:			
Job Designation:			
Effective Period: *DD/MM/YYYY*	(From)	(To)	
Referee's Name:		**Designation:**	
Signature of Referee and Date		**Company Stamp**	

Name of Organisation:			
Job Designation:			
Effective Period: *DD/MM/YYYY*	(From)	(To)	
Referee's Name:		**Designation:**	
Signature of Referee and Date		**Company Stamp**	

Name of Organisation:			
Job Designation:			
Effective Period: *DD/MM/YYYY*	(From)	(To)	
Referee's Name:		**Designation:**	
Signature of Referee and Date		**Company Stamp**	

[If the page is insufficient, please photocopy an additional sheet to complete]

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Part VIII: Declaration ----------

(Please verify that all fields are correct and tick all boxes)

To: The CSIS Membership Committee

☐ I hereby apply for the CSIS Practising Certificate.

☐ I agree to pay all fees and subscriptions for which I become liable

☐ I undertake to be bound by:

- the prevailing provisions of the CSIS Bye-Laws and Rules, and
- the CSIS' Constitution and Regulations.

☐ The details given in the application form are true and correct.

Signature of Applicant: _____ Date: _____

My cheque for the sum of **$261.60** (incl of 9% GST), made payable to "**CSIS**", for the payment of the application fee is enclosed:

(Bank) _____ (Cheque No.) _____

Part IX: Personal Data Protection Act ----------

1. In compliance with the Personal Data Protection Act 2012 ("**PDPA**"), Chartered Secretaries Institute of Singapore ("**CSIS**") seeks your consent to collect, use and disclose your personal data in order to maintain the CSIS registry of members and to disclose such personal data to CSIS' affiliated organisations where necessary ("**Purposes**").

2. In some circumstances, you may have provided personal data relating to other individuals or organisations. You represent a warrant that you are authorised to provide their personal data to us and you have obtained their consent to the collection, use, disclosure and processing of their Personal Data in accordance with this Declaration.

3. CSIS will collect, use and disclose your personal data to provide you with information on membership and activities such as upcoming events, seminars, workshops, conferences and training programmes organised by CSIS and its affiliated organisations which may be relevant to you ("**Services**").

4. CSIS may also retain and continue to process your personal data for all purposes and services unless you request in writing to CSIS at members@csis.org.sg to withdraw your consent.

5. CSIS reserves the right to update and amend the Personal Data Protection Policy from time to time. CSIS will notify you of any amendments via announcements on our website at www.csis.org.sg or any other appropriate means.

[continued on the next page]

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In the event that I have registered my Singapore telephone number(s) with the Do-Not-Call Registry and wish to withhold or withdraw my consent to CSIS in respect of receiving telephone calls and/or SMS, I endeavour to provide sufficient notice to CSIS of such as soon as reasonably practicable. I further agree to indemnify CSIS against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of my failure to inform CSIS of my registration with the Do-Not-Call Registry.

By agreeing to the Personal Data Protection Act - Declaration, your personal data collected in this form is processed, retained and used by Chartered Secretaries Institute of Singapore ("CSIS") in compliance with the CSIS Personal Data Protection Policy.

☐ **I agree to the Personal Data Protection Act.**

FULL NAME	SIGNATURE/DATE

Please note that incomplete application forms received will not be submitted for approval unless substantiated with the appropriate information as requested by the Secretariat.

~END~