

*ACG/FCG/GradCG Number:

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Name of Applicant: _____



APPLICATION FOR RE-ELECTION

FOR OFFICIAL USE ONLY	
Date Received:	_____
Tabled at the CFS Membership Committee Meeting held on:	_____ <i>DD/MM/YYYY</i>
Application Fee Received:	<input type="checkbox"/> By Cheque <i>*tick where applicable</i> <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>Name should 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>	
Status:	*ACG/FCG/GradCG		
Membership No.:		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 mailing address: Personal Office
Please tick where applicable

Preferred email address: Personal Office
Please tick where applicable

II. REASON FOR LAPSED MEMBERSHIP

- Please indicate the reason for lapse of membership in the box below, and attach any relevant supporting documents.

Lapsed since: _____
to confirm with the Secretariat

III. REASON FOR RE-ELECTION

- Please indicate the reason for re-election in the box below, and attach any relevant supporting documents.

IV. EMPLOYMENT HISTORY

- Please provide your full career history from the year of lapsed membership in chronological order, starting with your CURRENT employment.
- If you have had any promotions and/or re-designations during any of your employment(s), please include them as separate entries.

*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 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)
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	

Re-election Application Form

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

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

V. PRESENT ANNUAL INCOME RANGE

Please tick where applicable.

- 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

VI. FURTHER AND/OR HIGHER EDUCATION

- Please provide a copy of the relevant certificate/degree and transcript attained from the year of lapsed of membership until present (where applicable).

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

VII. OTHER PROFESSIONAL QUALIFICATIONS OBTAINED

- Please state the other professional qualifications you have attained from the year of lapsed of membership until present (where applicable).

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

VIII. ACTIVE INVOLVEMENT IN ACTIVITIES OR RELATED PROFESSIONAL MATTERS

IX. SPONSOR'S RECOMMENDATION

NAME OF APPLICANT (IN BLOCK LETTERS)

I, _____, having known the above name for
(full name)

_____ years and _____ months, hereby recommend *him/her, as a fit and proper person for re-election as *Graduate/Associate/Fellow of ICSA Singapore Division.

Full Name

Organisation/Designation

Signature/Date

Company's Rubber Stamp

**delete where applicable.*

X. DECLARATION

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

- I hereby apply for re-election as a *Graduate/Associate/Fellow 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 ICSA Charter and Bye-Laws, and
 - the ICSA Singapore Division's prevailing Regulations.
- In support of my application, I furnish the particulars on pages 1 to 6 herewith and enclose S\$ _____ in payment of the following:

Re-election Fee	\$525.00
#Outstanding Subscription	
#Current Subscription	
TOTAL	_____ (incl prevailing GST rate)

#to be confirmed by the Secretariat

- I hereby confirm that all details given in this application form are true and correct as at the date of application.

(continued on the next page)

Re-election Application Form

To support my application for re-election to *Graduate/Associate/Fellow, 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. From the year of lapsed membership until present, I have not been convicted of any offence of such nature that, if I had been a member of the ICSA Singapore Division at the time, would have been likely to have given rise to disciplinary actions been taken against me by the ICSA Singapore Division under its Regulations.
- 3. From the year of lapsed membership until present, I have not been conducted myself, whether by act or default in a manner that, if I have been a member of the ICSA Singapore Division at the time, would have been discreditable to the ICSA 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

XI. PERSONAL DATA POLICY

**The Chartered Governance Institute 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 ICSA 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 ICSA 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 ICSA 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 ICSA Singapore Division, I will also endeavour to provide sufficient notice to ICSA 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.