



**CILTS Office:**

5 Jalan Kilang Barat #06-03 Petro Centre  
Singapore 159349

**Tel:** 6275 0233

**Email:** [secretariat@cilt.org.sg](mailto:secretariat@cilt.org.sg)

## APPLICATION FOR CORPORATE MEMBERSHIP

### COMPANY PARTICULARS

1. NAME OF COMPANY (IN FULL)

\_\_\_\_\_

2. REGISTERED COMPANY ADDRESS

\_\_\_\_\_

3. OFFICE TEL: \_\_\_\_\_ 4. OFFICE EMAIL: \_\_\_\_\_

5. DESCRIPTION OF PRINCIPAL BUSINESS ACTIVITY/SERVICE

\_\_\_\_\_

\_\_\_\_\_

6. NAME OF COMPANY DIRECTOR / CHIEF EXECUTIVE OFFICER

\_\_\_\_\_

7. NUMBER OF EMPLOYEES IN YOUR ORGANISATION: \_\_\_\_\_

8. YEARS OF OPERATION IN THE TRANSPORT INDUSTRY: \_\_\_\_\_

9. AREA OF TRANSPORT YOUR ORGANISATION IS IN PLACE (PLEASE SPECIFY)

LAND       LOGISTICS       OTHERS \_\_\_\_\_

SEA       AIR      \_\_\_\_\_

**COMPANY NOMINEE PARTICULARS**  
**(TWO NOMINEES ONLY)**

1. NAME	:	_____
2. DESIGNATION	:	_____
3. CONTACT NO.	:	_____
4. EMAIL ADDRESS	:	_____

1. NAME	:	_____
2. DESIGNATION	:	_____
3. CONTACT NO.	:	_____
4. EMAIL ADDRESS	:	_____

**DECLARATION**

We certify that the information given above is correct and if admitted as corporate member of the Chartered Institute of Logistics and Transport Singapore, we shall be governed by the Charter and By-laws of the Institute.

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Company Stamp

Name of Applicant &  
Designation

Signature of Applicant  
& Date

**\*Subscription Rates: Once-off Entrance Fee of \$500 and Annual Membership Fee of \$1,000**

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**FOR OFFICIAL USE ONLY**

DATE RECEIVED : \_\_\_\_\_ DATE APPROVED : \_\_\_\_\_

ENTRANCE FEE : \_\_\_\_\_ ANNUAL FEE : \_\_\_\_\_

CORP MEM. NUMBER : \_\_\_\_\_ APPROVED BY : \_\_\_\_\_

REMARKS :

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