



**INVESTMENT MANAGEMENT
ASSOCIATION OF SINGAPORE**

3 Phillip Street
Royal Group Building #07-01
Singapore 048693
UEN: S97SS0092D
Tel: +65 6223 9353
Fax: +65 6223 9352
Email: enquiries@imas.org.sg
Website: www.imas.org.sg

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please read the following notes carefully before completing this Application Form.

1. Any company which is not eligible for representation as a Regular Member of the Investment Management Association of Singapore (IMAS) by reason of it not fulfilling the criteria set out in Clause 7 of the IMAS Constitution shall be eligible to be an Associate Member at the absolute discretion of the IMAS Executive Committee.
2. Please note that a one-time joining fee of S\$2,000 is payable. Annual subscriptions of \$3,000 are payable upon approval of application. The above amounts and subsequent Annual Subscription fees are subject to the prevailing GST and are non-refundable. The Annual Subscription fees will be reviewed by the IMAS Executive Committee every three years.
3. The duly completed application form together with the certificate of registration and latest financial statement must be submitted to:

**IMAS Secretariat
Investment Management Association of Singapore
3 Phillip Street
Royal Group Building #07-01
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Company Details

Company Name

Registered Address

Place of Incorporation

Date of Incorporation

Website

Business Registration Number

Contact Person

Name (Mr/Miss/Mrs/Dr)

Designation

Contact number

Email address

Company Management

List of Directors	Indicate whether Executive/ Non-Executive

Major Business Activities



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Involvement in the Fund Management Industry

Reasons to support application for membership

Please set out the number of employees employed in your Company in accordance with the categories set out below.

Position	Number of Employees
Management	
Investments	
Legal/Compliance	
Office Administration	
Operations	
Performance Measurement	
Risk Management	
Sales/Business Development	
Total	

Membership Directory

a. Key contacts/all staff who wish to be on our mailing list.

Name	Designation	Email address	Contact No.



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- b. Administrator for IMAS Members Directory
Each member company should appoint an administrator who is responsible for and authorised to edit the company and staff information on the IMAS website (e.g. annually update details of company profile in IMAS online members’ directory, update the following changes arising from staff movement, etc).
Please provide us the details of this administrator.

Name	Designation	Email address	Contact No.

Local References

Please provide two (02) references you may have in the investment management industry in Singapore. Please note that we may contact these references when reviewing your application.

Name	Job Title	Company Name	Email Address

Authorised signature and company stamp

We declare that all the particulars given in this application including the attached annexures (if any) are and remain true and accurate and that we have not willfully suppressed nor failed to disclose herein any material fact.

We hereby apply and agree to join as an Associate Member of IMAS. As an Associate Member of IMAS, we hereby agree to be bound by the Constitution as well as any other by-laws and regulations which may be instituted by the IMAS, and which may be in force from time to time until such time as we shall cease to be an Associate Member of IMAS.

<hr/> Signature
<hr/> Company Stamp

Name

Designation

Date
