



3rd MEMBER ASSISTANCE SCHEME APPLICATION FORM

COMPANY DETAILS

Company Name:							
ACRA Reference No.:			Date of Registration:				
Company Address:							
Contact Person:				Designation:			
Tel:			Fax:			Email:	
Membership: <i>(Please tick one)</i>				<input type="checkbox"/> Full Member		<input type="checkbox"/> Associate Member	

ACTIVITY / PROGRAMME DETAILS

(One Application Form is to be used for each Activity/Programme)

SFIC ACTIVITY* Applied for 3rd MAS Support

Activity Applied:			
Date of Activity:			
Cost of Activity:	S\$		
Amount of SFIC #Disbursement Applied for:	S\$		

IE SINGAPORE / SPRING SINGAPORE PROGRAMMES[†] AND OTHER APPROVED PROGRAMMES

Title of Project/Programme:			
Description of Project/Programme: (seminar, etc)			
Commencement Date:	Expected Completion Date:		
Programme Provider (IE/ SPRING, etc):			
Address of Programme Provider:			
Programme Fees :	S\$		
Amount of SFIC #Disbursement Applied for:	S\$		

* Approval of #Disbursement is subject to confirmation of participation.

Disbursement refers to the amount to be deducted from the allocated quantum of the member.

† The application for SFIC 3rd Member Assistance Scheme is subject to the approval of SFIC.

Signature of Chairman/MD/GM

Signature of Accountant

Company Stamp

Name : _____

Name : _____

Date : _____