

SINGAPORE INSTITUTE OF ARBITRATORS

APPLICATION FOR MEMBERSHIP / TRANSFER



Passport Size
Photo

Please tick accordingly:

- Fellow
- Member
- Associate Member

Singapore Institute of Arbitrators

32 Maxwell Road
#02-07 Maxwell Chambers
Singapore 069115
Tel : +65 6372 3931/32
Fax : +65 6327 1938
Email : siarb@siarb.org.sg
www.siarb.org.sg

The following Sections should be completed in block letters or typewritten:

I. PERSONAL PARTICULARS

Surname _____ Date of Birth _____

First Name/s _____ Nationality _____ NRIC/Passport No. _____

Orders, Decorations and Designatory Letters (if any): _____

Home Address: _____

Tel : _____ Mobile: _____ Email Address: _____

Please state if you have previously applied for membership: Yes No
(please tick accordingly)

If YES, please give details: _____

II. PROFESSION or OCCUPATION

Principal profession or occupation in which you are engaged (please tick accordingly):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Commodities | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Dental/Medical | <input type="checkbox"/> Engineering | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> IP/IT | <input type="checkbox"/> Land/Property | <input type="checkbox"/> Law |
| <input type="checkbox"/> Maritime | <input type="checkbox"/> Others: _____ | |

Present position or appointment _____

Name of Firm/Company _____

Office Address _____

Nature of Business _____

Tel / Fax No. _____ / _____ Email Address _____

Languages written / spoken _____

All correspondence / mailers are to be forwarded to: Home Address Office Address
(please tick accordingly)

* Applicants for transfer need not complete Sections III to VI except:-
(a) for the purpose of updating (b) for those seeking transfer to Fellow, please complete Section VI

III. ACADEMIC QUALIFICATIONS *

Please give details of appropriate technical, academic and professional examinations passed.

Degree/Diploma/Certificate *Date Passed with Grade where applicable*

Please attach photocopies of your academic qualifications

IV. MEMBERSHIP of PROFESSIONAL or OCCUPATIONAL INSTITUTIONS *

Title of Body *Date Admitted* *Grade*
(where applicable)

Please attach photocopies of your membership certificates

VII. SPONSORSHIP

Every application for admission shall be sponsored by two members of the Institute who, from their personal knowledge of Applicant can support the application as follows:-

1ST SPONSOR

I have known the Applicant for a period of _____ years, and I have read his/her completed application for membership. From my personal knowledge of the Applicant, I recommend him/her as a fit and proper person for consideration by the Council for membership of the Institute.

Sponsor _____
Name (Fellow / Member)

Signature / Date

2ND SPONSOR

I have known the Applicant for a period of _____ years, and I have read his/her completed application for membership. From my personal knowledge of the Applicant, I recommend him/her as a fit and proper person for consideration by the Council for membership of the Institute.

Sponsor _____
Name (Fellow / Member)

Signature / Date

While there are no statutory requirements regulating those persons who may sit as arbitrators, the Council does not encourage parties to appoint those persons who have not attained the status of FELLOW of the Institute.

The Council wishes to emphasise that membership of the Institute only signifies an individual member’s interest and support of the objectives of arbitration, and does not imply his/her ability to act as arbitrator.

You are advised not to hold yourself out as Arbitrator by virtue of your being a Member or an Associate Member of the Institute.

The Constitution requires that an applicant for election as Fellow, Member and Associate must be of age thirty-five (35) years, twenty-five (25) years and twenty-one (21) years respectively. The Council may in exceptional circumstances, waive the age requirement in the case of an applicant holding a professional qualification or other professional experience recognized by the Council as justifying the waiver. Details of applicant’s professional qualification and experience must be submitted in writing for consideration of such waiver.

DECLARATION

=====

I hereby apply for admission as FELLOW / MEMBER / ASSOCIATE MEMBER of the Singapore Institute of Arbitrators, and do agree, if admitted, to be bound by the Constitution and Bye-Laws and by any subsequent amendments and/or alterations thereto which may be made from time to time.

Signature _____

Date _____

(Name) _____

Please fill out the following Credit Card Authorisation Slip if you are paying by credit card

Credit Card (Visa/ Master) No. _____ Card Expiry Date _____ (MM/YY)

Cardholder’s Name: _____ Signature: _____

(Kindly note that an administrative charge of 1.75% is applicable for payments made via credit card.)

Cheque payments should be made payable to “SINGAPORE INSTITUTE OF ARBITRATORS”. Please mail your payment or credit card authorisation slip to:

Singapore Institute of Arbitrators
32 Maxwell Road
#02-07 Maxwell Chambers
Singapore 069115