



# Association of Employment Agencies (Singapore)

Blk 9 Jalan Kukoh #03-77 Singapore 160009

Tel: 6836 2618 Fax: 6836 2690 Website: www.aeas.org.sg Email: aeas.org@gmail.com

## Membership Application

Membership No. Allocated:

Application for:  Ordinary Member  Supplementary Member

Name (as in NRIC): -

Name to appear on membership card: -

Company's Name: -

Previous Company Name (If changed) -

Date of commencement of Business: - (DD/MM/YYYY)

Designation: Licensee / Partner / Director / Staff

Company's Address: -

Affix Recent  
Photo of Yourself  
here (Submit an  
additional one with the  
application. Please  
write your name on the  
back of the photo)

Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Hp: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has your business been accredited before? (Y/N) If yes please state details: Accreditation body \_\_\_\_\_

Period of Accreditation: \_\_\_\_\_ to \_\_\_\_\_. Reason for change if any: \_\_\_\_\_

Have you, the business, any of its partners or directors, ever undergone investigation by the Ministry of Manpower or any of the accreditation bodies? (Y / N) If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Status of investigation: Resolved/ Pending)

NRIC/ Passport No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: Male / Female

Highest Attained Education:  Secondary  Pre University  Polytechnic  
 University  Others: Pls Specify -

Title / subject majored in: -

Would you be interested in organising and assisting with activities held by AEAS? Yes / No

If Yes, please specify areas:  Mediation  Social Activities  Seminars  
 Sports  Training  Others: -

### **Declaration**

I hereby declare that the above particulars are true and correct. I will abide by the rules and constitution of the Association. Further, I understand & agree that AEA(S) can terminate the above membership forthwith if the information stated in the application form is incorrect and/or inaccurate.

Applicant's Signature

Employment Agency's Stamp

Licensee's Signature

Date:

Date:

**Note:**

Please return completed form, with **4** passport sized photographs, copy of NRIC/ Passport, copy of name card, latest employment agency licence & Business Profile (R.O.C). Accompanied with the appropriate joining and annual fees via cheque made out to **Association of Employment Agencies (Singapore)**.

Only completed applications with minimum **3 months validity** on licence will be considered. The association reserves the right to reject the application or terminate the membership with notice. Rejoining fee at the prevailing rate will be imposed on lapsed memberships. All annual subscription membership fees from the 2<sup>nd</sup> year and thereafter will be calculated on a pro-rata basis.

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Joining Fee (Ordinary Members Only)	Annual Subscription Fee
S\$1000 one time payment	<input type="checkbox"/> Ordinary Member S\$300 <input type="checkbox"/> Supplementary Member S\$100

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**Definition of Membership:**

**Ordinary Membership**

Ordinary Membership is open to licensees of employment agencies in Singapore. Where an Ordinary member is a corporate body, a representative authorised by the corporate body shall represent the Ordinary member. Only Ordinary members shall have the right to vote and to hold office in the association.

**Supplementary Membership**

Supplementary Membership, subject to the approval of the respective Ordinary member, is open to partners, directors and employees of licensed employment agencies in Singapore. Supplementary members do not have voting rights nor are they able to hold office in the Association.

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For Official Use Only

Cheque No: \_                                      Bank \_                                      Date Received: \_  
Date Credited: \_

ROC number: \_

MOM License No.: \_                                      Expiry Date: \_

Approved as: Ordinary/ Supplementary Member

Membership No. Allocated: \_

Signed By: \_                                      Membership Chairman      Date: \_  
Name:

Signed By: \_                                      Secretary                      Date: \_  
Name:

Signed By: \_                                      Treasurer                      Date: \_  
Name: