



## **SEBA CORPORATE MEMBERSHIP APPLICATION FORM**

Register Date: \_\_\_\_\_

Code No.: **C10.../2016**

Company Name: \_\_\_\_\_

### Company General Data:

Company Activities: \_\_\_\_\_

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

Town/ City: \_\_\_\_\_

State/ Country: \_\_\_\_\_

P.O Box: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Current/Potential Business with Switzerland: \_\_\_\_\_

Name & Phone No. of Contact Person: \_\_\_\_\_

**Corporate Member has the privileges of:**

- a) Corporate member is eligible to have two company representatives.
- b) Having one company representative with one vote attend the Extra Ordinary General Assembly & The Ordinary General Assembly and all events (**1st Representative**)
- c) The company has the right to nominate one additional company employee to attend all events without voting rights. (**2nd Representative**)
- d) If the company would like to have another vote, it can enroll another company employee for an individual annual fees of 2000 LE and 1000 LE enrollment fees **as affiliate member. (in this case you ask for the affiliate application)**

**Corporate Representatives Data:**

**First Representative:**

**Second Representative:**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Family Name: _____ | 2. Family Name: _____ |
| First Name: _____     | First Name: _____     |
| Job Title: _____      | Job Title: _____      |
| Telephone: _____      | Telephone: _____      |
| Mobile: _____         | Mobile: _____         |
| E-mail: _____         | E-mail: _____         |
| Fax: _____            | Fax: _____            |
| Date of Birth _____   | Date of Birth _____   |

**Required Fees for Corporate Membership**

Enrollment Fees is: **1000 L.E.** (New Membership Registration fees)  
Annual Membership Fees is: **5000 L.E.**

Please fill in the form (all fields) and submit it with 2 recent photos, business card, fact sheet or company overview to email: [administration@swisscham.cc](mailto:administration@swisscham.cc) or [dalia.amer@swisscham.cc](mailto:dalia.amer@swisscham.cc) or [executive.director@swisscham.cc](mailto:executive.director@swisscham.cc). Tel: 0100 3778855 / 0100 2514752

The payment fees should be done with one of the following methods:

- a. **Cash** directly at SEBA premises. (7Dr. Mohamed Kamel Hussein Str., ElNozha ElGedida, ABB Building)
- b. **Cheque** by the name of **SEBA** (please write the name only in English)
- c. **Bank Transfer** at **CIB – ABB Branch** in favor of **SEBA, Account No.100020646157**

Signature

Seal