



SEBA INDIVIDUAL MEMBERSHIP APPLICATION FORM

Date: _____

Code No.: **D20.../2016**

Company Name: _____

Member General Data:

Family Name: _____

First Name: _____

Job Title: _____

Company Activities: _____

Address: _____

Town/ City: _____

State/ Country: _____

P.O Box: _____

Zip Code: _____

Telephone: _____

Mobile: _____

E-mail: _____

Fax: _____

Web Site: _____

Current / Potential Business with Switzerland: _____

Required Fees for Individual Membership

1000 LE Enrollment Fees (only for the First Year)

2000 LE Annual Membership Fees (Yearly)

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

The payment of the fees is to done as follows:

- a. **Cash** directly at SEBA premises. (7 Dr. 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
