

**PERSONAL INFORMATION:** (\*Please delete as appropriate)

*Dr/Mr/Ms/Mrs:		Membership No:
_____	_____	_____
(Surname)	(Name as in IC/Passport)	(Alias)
Residential address:		
Correspondence address (if different from Residential Address):		
Personal Email:	Mobile Number:	
NRIC/Passport No. (Please indicate only the last 3 Numerical Digits & Alphabet):	Nationality:	
When did you first join the industry? (MM/YY):	Highest academic qualifications attained:	Professional qualifications attained:

**DETAILS OF PRESENT EMPLOYMENT:**

Name of Employer:	Designation and Department:
Business Email (For corresponding):	Date Joined: DD/MM/YY
Office Address:	
Office Telephone No:	Office Fax No:

**Which of the following best describes your area of business? Please tick as appropriate.**

- FX / Rates / Derivatives  
 Fixed Income/ Credit Product / Credit Derivatives  
 Equities / Equity Derivatives  
 Energy Product / Energy Derivatives  
 Fund Management / Alternative Asset Management  
 Others (please state): \_\_\_\_\_

**HOBBIES / INTEREST / SPORTS**

Which are your favourite activities? Please tick as appropriate.

- Badminton                       Billard                                       Bowling  
 Golf                                       Soccer                                       Squash  
 Tennis                                       Others (please state) : \_\_\_\_\_

I declare that all particulars furnished by me in this form are true.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**Please return completed form to:**

ACI Singapore – The Financial Markets Association  
7500A Beach Road  
#13-322, The Plaza  
Singapore 199591  
Attn: The Secretariat  
Fax no.: +65 6732-0425      Email: enquiry@acisin.com