



**INVESTMENT MANAGEMENT  
ASSOCIATION OF SINGAPORE**

One Phillip Street  
Royal One Phillip #10-02  
Singapore 048692  
UEN: S97SS0092D  
Tel: +65 6223 9353  
Fax: +65 6223 9352  
Email: [enquiries@imas.org.sg](mailto:enquiries@imas.org.sg)  
Website: [www.imas.org.sg](http://www.imas.org.sg)

**ASSOCIATE MEMBERSHIP APPLICATION FORM**

**Please read the following notes carefully before completing this Application Form.**

1. Any company which is not eligible for representation as a Regular Member of the Investment Management Association of Singapore (IMAS) by reason of it not fulfilling the criteria set out in Clause 7 of the IMAS Constitution shall be eligible to be an Associate Member at the absolute discretion of the IMAS Executive Committee.
2. Please note that a one-time joining fee of S\$2,000 is payable. Annual subscriptions of \$3,000 are payable upon approval of application. The above amounts and subsequent Annual Subscription fees are subject to the prevailing GST, and are non-refundable. The Annual Subscription fees will be reviewed by the IMAS Executive Committee every three years.
3. The duly completed application form together with the certificate of registration and latest financial statement must be submitted to:

**IMAS Secretariat  
Investment Management Association of Singapore  
One Phillip Street  
Royal One Phillip #10-02  
Singapore 048692**



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**Company Details**

Company Name

Registered Address

Place of Incorporation

Date of Incorporation

Website

Business Registration Number

**Contact Person**

Name (Mr/Miss/Mrs/Dr)

Designation

Contact number

Email address

**Company Management**

List of Directors	Indicate whether Executive/ Non-Executive

**Major Business Activities**



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**Involvement in the Fund Management Industry**

**Reasons to support application for membership**

Please set out the number of employees employed in your Company in accordance with the categories set out below.

Position	Number of Employees
Management	
Investments	
Legal/Compliance	
Office Administration	
Operations	
Performance Measurement	
Risk Management	
Sales/Business Development	
<b>Total</b>	

**Membership Directory**

Kindly complete the membership directory list for key contacts/all staff who wish to be on our mailing list. (Maximum of 5)

Name	Designation	Email address	Contact No.



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**Local References**

Please provide two (02) references you may have in the investment management industry in Singapore. Please note that we may contact these references when reviewing your application.

Name	Job Title	Company Name	Email Address

**Authorised signature and company stamp**

We declare that all the particulars given in this application including the attached annexures (if any) are and remain true and accurate and that we have not willfully suppressed nor failed to disclose herein any material fact.

We hereby apply and agree to join as an Associate Member of IMAS. As an Associate Member of IMAS, we hereby agree to be bound by the Constitution as well as any other bye-laws and regulations which may be instituted by the IMAS, and which may be in force from time to time until such time as we shall cease to be an Associate Member of IMAS.

<hr/> Signature
<hr/> Company Stamp

**Name**  
\_\_\_\_\_

**Designation**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_