



MEMBERSHIP APPLICATION FORM

Name of Business : _____

Name of Representative : _____

Position : _____ Postal Address : _____

Telephone Number : _____ Telefax Number : _____

E-mail address : _____ Website address : _____

Nature of Business¹ : _____

Number of employees: _____

I/We² hereby apply for membership of the Seychelles Chamber of Commerce & Industry

in Category _____ .

I/We enclose payment of the Membership fee in the sum of SR _____ for the current financial year ending 31st December _____
(Payment by Cash / Cheque)

I/We undertake as a member to abide by the Rules and Regulations of the SCCI and to pay my/our annual membership fees promptly at the start of each calendar year.

Signed and dated : _____ Sponsored by : _____

Full name of Signatory _____ Full name of Sponsor³ _____

NOTE : Annual Membership Fees are calculated on the number of salaried employees employed by the business, including any salaried director & self-employed persons as follows :

Category A	1 – 2 employees	SR 412.50.
Category B	3 – 5 employees	SR 825.00
Category C	6 – 15 employees	SR 1,237.50
Category D	16 – 25 employees	SR 2,062.50
Category E	26 – 50 employees	SR 2,475.00
Category F	51 – 100 employees	SR 3,437.50
Category G	101 + employees	SR 6,875.00
Category H	Associations/NGOs	SR 2,750.00

¹ Information on your type of business allows us to maintain accurate records of our membership and enables us to categorise your business on our website for maximum visibility.

² Delete as required.

³ A sponsor must be a member of the SCCI