

## APPLICATION FORM FOR MEMBERSHIP OF GTG

|  |   |  |          |  |          |           |                             |
|--|---|--|----------|--|----------|-----------|-----------------------------|
| <b>APPLICATION FORM FOR MEMBERSHIP OF GTG</b>  |   |  |          |  |          |           |                             |
| 1  | Membership Number                             |  |          |  |          |           | (For Official use)          |
| 2  | Company Name                                  |  |          |  |          |           |                             |
| 3  | Country                                       |  |          |  |          |           |                             |
| 4  | Domicile                                      |  |          |  |          |           |                             |
| 5  | Address                                       |  |          |  |          |           |                             |
| 6  | Town/City                                     |  |          |  | Postcode |           | Country                     |
| 7  | Phone No                                      |  |          |  | Fax no:  |           |                             |
| 8  | Year Incorporated                             |  |          |  |          |           |                             |
| 9  | Paid-Up Capital                               |  |          |  |          |           |                             |
| 10   | Rating (FSA/CPA)                              |  | A.M Best |  | S & P    |           | Others:<br>(Please specify) |
| 11   | Principal Shareholders                        |  | (1)      |  |          | Share (%) |                             |
|  |   |  | (2)      |  |          | Share (%) |                             |
|  |   |  | (3)      |  |          | Share (%) |                             |
| 12   | Names of Directors                            |  | (1)      |  |          |           |                             |
| 13   | Principal Officer / CEO                       |  |          |  |          |           |                             |
| <b>HEAD OFFICE (IF DIFFERENT FROM 5 ABOVE)</b> |   |  |          |  |          |           |                             |
| 14   | Address                                       |  |          |  |          |           |                             |
| 15   | Town/City                                     |  |          |  | Postcode |           | Country                     |
| 16   | Phone No                                      |  |          |  | Fax no:  |           |                             |
| 17   | E-mail Address                                |  |          |  |          |           |                             |
| <b>REPRESENTATIVE</b>                          |   |  |          |  |          |           |                             |
| 18   | Name  |  |          |  |          |           |                             |
| 19   | Designation                                   |  |          |  |          |           |                             |
| 20   | Address<br><i>(if different from 5 above)</i> |  |          |  |          |           |                             |
| 21   | Town/City                                     |  |          |  | Postcode |           | Country                     |
| 22   | Phone No                                      |  |          |  | Fax no:  |           |                             |
| <b>ALTERNATE REPRESENTATIVE</b>                |   |  |          |  |          |           |                             |
| 23   | Name  |  |          |  |          |           |                             |
| 24   | Designation                                   |  |          |  |          |           |                             |
| 25   | E-mail Address                                |  |          |  |          |           |                             |

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