

MEMBERSHIP APPLICATION FORM

ABOUT THE ASSOCIATION / ORGANISATION

NAME OF ASSOCIATION / ORGANISATION

REGISTRATION ADDRESS

POSTAL ADDRESS

REGISTRATION NUMBER

REGISTRATION DATE

WEBSITE

CONTACT PERSON

CONTACT NUMBER

EMAIL ADDRESS

INDUSTRY REPRESENTED

AUTHORISED REPRESENTATIVE DETAILS

NAME

ID NUMBER

ADDRESS

DESIGNATION

MOBILE NUMBER

EMAIL ADDRESS

DECLARATION

I, we confirm that the information provided on this form is true and correct and wish to become a member association of the National Federation of Maldivian Employers as per the terms and conditions of the Federation. I, we also undertake to adhere to the Federation's rules and regulations and commit to work in unity with other member associations.

NAME OF AUTHORISED SIGNATORY

DESIGNATION

SIGNATURE

STAMP

DATE



THE ANNUAL FEE FOR MEMBERSHIP IS MVR2,400/-

VALID REGISTRATION COPY	
ASSOCIATION LOGO	
ARTICLES OF THE ASSOCIATION CONFIRMING THE QUORUM OF THE BOARD	
BOARD RESOLUTION FOR AUTHORISING THE SIGNATORY AND REPRESENTATIVE	
ACCEPTANCE LETTER FROM REPRESENTATIVE	
ID OF REPRESENTATIVE	

Please email the scanned documents to secretariat@nfme.mv and the secretariat will revert if hard copies are required.

FOR NFME USE ONLY

FORM RECEIVED BY

STAMP

RECEIVED DATE

MEMBERSHIP APPROVAL DATE

MEMBERSHIP NUMBER