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CAMBODIAN FEDERATION OF EMPLOYERS AND BUSINESS ASSOCIATIONS

ASSOCIATE MEMBERSHIP APPLICATION FORM

COMPANY DETAILS

1. NAME OF COMPANY:

2. COMPANY ADDRESS:

Company Number:

Fax:

E-mail:

Website:

3. NAME OF NOMINEE:

Position:

Mobile:

Email:

4. AUTHORIZED REPRESENTATIVES:

No	Name	Sex	Position	Mobile	E-Mail
1					
2					
3					
4					

Guide1

- 1/ Please state the company name you wish to have registered as the Associate Member of the Federation.
- 2/ The Nominee is preferably the CEO; this person represents the company and votes on its behalf in all matters relating to the Federation.
- 3/ The authorized representatives Preferably the HR Director / Manager, this person is required to liaise with CAMFEBA on general, human resource, and industrial relations matters. This is to ensure that information on our services will be disseminated to the right person.

PARTICULARS OF SHAREHOLDERS/BOARD OF DIRECTORS

COMPANY

JOINT VENTURE PARTNER

NAME OF CHAIRMAN

NAME OF CHAIRMAN

NATIONALITY

NATIONALITY

NAME OF MANAGING DIRECTOR

NAME OF MANAGING DIRECTOR

NATIONALITY

NATIONALITY

NAME OF GENERAL MANAGER

NATIONALITY

NATIONALITY

NAME OF GENERAL MANAGER

Physical Address: No 44A, Street 320, Sangkat Boeung Keng Kang III, Khan Chamkar Morn, Phnom Penh, Cambodia, P.O Box 911, **Tel:** +855(23) 222 186/ (23) 219 279, **Fax:** +855 (23) 222 185

Website: www.camfeba.com, **Email:** camfeba@camfeba.com

SCOPE OF BUSINESS ACTIVITIES

Guide2

- 1/ Kindly state if your company is an Independent Company, a Branch Office, a Representative Office, an Agent or a Subsidiary.
- 2/ Kindly attach a copy of your company's Investment License from the Council Development of Cambodia.
- 3/ Kindly attach a copy of your company's Certificate of Registration or Incorporation obtained from the Ministry of Commerce, as well as the Letter of Incorporation.
- 4/ The information provided here is for the benefit of the Federation's global reference, and will be kept strictly confidential.
- 5/ Explain briefly the general scope of your activities in Cambodia

BUSINESS FORM 1:

NAME OF JOINT VENTURE PARTNER:

NATURE OF BUSINESS:

INVESTMENT LICENSE N° 2:

COMPANY REGISTRATION N° 3:

NUMBER OF PRESENT FULL TIME EMPLOYEES:

PLANNED LENGTH OF PRESENCE IN CAMBODIA 4:

SCOPE OF ACTIVITIES 5:

The Members of the Cambodian Federation of Employers and Business Associations (CAMFEBA) other than the Council Members are set up into Committees that address specific issues as may be required and appoint its officers to coordinate affairs between the council and a particular sub-committee.

As a new applicant who is applying for Associate Membership, which of the following Committees would you like to be allocated to?

- Finance and Administration Committee
A Finance Committee shall be responsible for all matters pertaining to the income and expenditure of the Federation, the appointments of the staff, their terms, conditions and tenure of service.
- Membership Committee
A Membership Committee shall be responsible for all matters pertaining to membership in the Federation.
- Marketing and Public Relations Committee
A Marketing and Public Relations Committee shall be responsible for all matters of the Federation relating to the marketing and networking with public.
- Industrial Relations Committee
An Industrial Relations Committee shall be responsible for all Industrial Relations matters and such other matters as may be referred to it by the Council.
- Training, Research and Development
A Training, Research and Development Committee shall be responsible for advising and giving recommendations on the development and processes of the training, research and development of the Federation.

I hereby acknowledge that the information provided above is true and correct, and I also understand that I risk expulsion from the Federation should any of the above information be provided falsely.

By submitting this application for membership to the Cambodian Federation of Employers and Business Associations (CAMFEBA), I declare myself fully prepared to commit my services to the benefit of the Federation, and its Members. I am fully prepared to respect the Federation's Rules, and the wishes of the Council.

SIGNATURE OF APPLICANT

NAME OF SIGNATORY & CHOP SIGNATURE

**APPROVED BY: HEAD OF CAMFEBA'S
MEMBERSHIP COMMITTEE**

SIGNATURE

DATE:

DATE: