

Organised by:



SINGAPORE  
INDIAN CHAMBER  
OF COMMERCE  
& INDUSTRY

Supported by:



## REGISTRATION FORM

### SINGAPORE BUSINESS MISSION TO SRI LANKA

Colombo, Kandy & Dambulla

16<sup>th</sup> to 22<sup>nd</sup> November 2009

**Fax Reply form to:**

Mr Nirman Sodhi (fax - 62231707)

**Part 1a – Confirmation of Participation**

(please tick accordingly)

<input type="checkbox"/> I would like to confirm my participation in the above mentioned mission				
<b>Travel Arrangements:</b>	<input type="checkbox"/>	I would like to engage SICCI	<input type="checkbox"/>	I would like to make my own
<b>Accommodation:</b>	<input type="checkbox"/>	I would like to engage SICCI	<input type="checkbox"/>	I would like to make my own

**Part 1b - VISA Application**

- a. Visa Application is necessary for travel to Sri Lanka. (refer to attachment)
- b. SICCI will be in touch on the collection of your passport and VISA application form.

**Part 2 - Personal Details**

Full Name  
(As in passport) \_\_\_\_\_ Designation: \_\_\_\_\_

Passport No.(Valid) : \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Email address: \_\_\_\_\_ Kris Flyer No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company RCB No: \_\_\_\_\_ (compulsory)

Company Address: \_\_\_\_\_ (S \_\_\_\_\_)

Tel: \_\_\_\_\_ HP: \_\_\_\_\_ Fax: \_\_\_\_\_

**In event of an emergency, please contact (compulsory):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Hand phone: \_\_\_\_\_

**Part 3 – Information for the Mission Booklet**

Kindly email to Mr Sridhar ([sridhar@sicci.com](mailto:sridhar@sicci.com)) the following details:

- **Company Profile (Not More than 30 Words)**

---

---

---

- **Objectives**

---

---

---

- **Areas of Interest**

---

---

**Part 4 - Important Instructions**

- Please scan the **page of your Passport** containing information like **Name, Passport Number, Date of issue & Date of expiry** and fax it to 62231707 or email it to [sridhar@sicci.com](mailto:sridhar@sicci.com)
- Please email a **softcopy version** of your current photograph to [sridhar@sicci.com](mailto:sridhar@sicci.com) (high resolution preferred).
- All Registration forms must reach SICCI **no later than 5:00pm, 09 November 2009**.
- SICCI shall not be held liable in the event of an accident, sickness or illness, or any mishap during the cause of the mission.
- Delegates are advised to purchase their own travel insurance.
- Airfare rates are subject to changes in fuel surcharges. Admin charges will be imposed should there be any changes or cancellation once the tickets have been confirmed and printed.

.....

*Name, Singature*

.....

*Company Stamp*