

170 Franklin Roosevelt
2nd Floor
P.O.Box 55699, 3781 Limassol - Cyprus
Tel: 25-855000
Fax: 25-661655
E-mail.: info@limassolchamber.eu
www.limassolchamber.eu



Limassol Chamber of Commerce & Industry

(Federated with the Cyprus Chamber of Commerce & Industry)

APPLICATION FOR MEMBERSHIP

Date

**Secretary / Director
Limassol Chamber of Commerce
and Industry
P.O.Box 55699
3781 Limassol**

Dear Sir,

A. We attach our company's data and request you to suggest that the name of our company is included in the list of members of the Limassol Chamber of Commerce & Industry in one of the following Sectors:

☐ Commerce
☐ Services

☐ Industry
☐ Tourism

We understand that once our membership application is formally approved, we are obliged to pay our Annual Membership Fee and comply with the existing provisions of the Memorandum and Articles of Association of the Chamber, including any future amendments.

Attached is the required Registration Fee of €100.

With this application, we give our consent for the data that we provide, beyond its inclusion in the members registry and the website of the Limassol Chamber, to be published in the website of the Cyprus Chamber of Commerce and Industry which is freely accessible. In addition, we give our consent for our data to be provided to enterprises from Cyprus and abroad that are interested to co-operate with enterprises from our sector.

I agree with the publication of our data as mentioned above ☐

I do not agree with the publication of our data ☐

Yours faithfully,

.....
(Name – Signature - Stamp)

B. Company name:

Name of Directors:

1: 2:

Secretary:

C. We, undersigned members of the Limassol Chamber of Commerce & Industry, support this membership application.

1. (Stamp & Sign)

2. (Stamp & Sign)

APPOINTMENT OF REPRESENTATIVE

AS PER ARTICLE 3(2)(B) OF THE ARTICLES OF ASSOCIATION

COMPANY NAME:

We hereby appoint Mr/ Ms.....

As our representative who will act on our behalf in any contact with the Limassol Chamber of Commerce and Industry, including in the works of Extraordinary, Special or Annual General Meeting of the Chamber and in having the right to vote on any subject and at any Annual, Extraordinary or Special Meeting.

LIMASSOL

SIGNATURE.....

(Stamp)



CYPRUS
CHAMBER OF
COMMERCE AND
INDUSTRY

COMPANY INFORMATION

(must be completed by all applicants)

Date.....

*COMPANY NAME

General Manager.....

*Contact Person.....

*POSITION/TITLE

P.O.BOX POSTAL CODE.....

* ADDRESS.....

..... *TOWN..... *POSTAL CODE.....

* TEL..... FAX.....

E-MAILS:

1) GENERAL MANAGER:

2) HR /ACCOUNTS:

3) MARKETING:

* 4) GENERAL (DEFAULT).....

WEB-SITE:.....

*COMPANY REGISTRATION No. *Year of Registration.....

*Number of Employees: ☐1-5 ☐6-9 ☐10-49 ☐50-249 ☐250+

*Please tick appropriate Box(es)

General Activity: Manufacturer / Exporter- Cyprus products ☐

Importer ☐ Services / Tourism ☐

***Mandatory fields**