Promotion to Fellowship

ICS

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THIS FORM MUST BE SENT TO YOUR LOCAL BRANCH SECRETARY. IF YOU HAVE NO LOCAL BRANCH, SEND THE FORM IN BY EMAIL TO membership@ics.org.uk COMPLETE AND ALL IN ONE DOCUMENT PLEASE DO NOT SEND ANY MONEY WITH THIS FORM

Please ensure that you include your unique members	pership number
TO THE CONTROLLING COUNCIL	
I have been a Member of the Institute of Chartere	ed Shipbrokers, since and being aware of the
qualifications called for under the Bye-Laws, I app	-
(Applications for promotion will be placed before the Controlling Council to consider such applications normally at the appropriate Institute office after the last day of Januar Council meeting immediately following.)	take place in March and October. Applications received
PLEASE COMPLETE THE FOLLOWING IN BLOCK CA	PITALS
Mr Mrs Ms. Capt	C' N
Surname (family):	Given Name:
Job Title:	Company:
Home Address:	
Postcode:	
Business Address:	
Postcode:	Email 1:
Email 2:	Telephone:
Please indicate the address you would like us to send correst Age: Date of Birth DD/MM/YYYY	pondence to:- Home:
I undertake to observe the Bye-Laws of the Institute in force	e from time to time.
Signed	Date
This form is not valid unless signed.	

Promoting professionalism in the shipping industry worldwide

The Institute of Chartered Shipbrokers

Work Experience Please give names of all companies by whom you have been employed with dates, including month and year, of employment, the nature of business of each company and your position(s) in them. (Continue on a separate sheet if necessary.) Time served at sea should be shown with the dates and ranks achieved.							
All applicants for promotion to Fell in support of their application.	lowship must obtair	n the sig	gnatures of t	wo Fellows of	the Institute		
I confirm that this candidate has been knoof the Institute.	nown to me for	year	s and is a fit a	nd proper perso	n to become a Fellow		
Proposed by		FICS					
Signed		_	Pl	ease repeat name	e in block letters		
I confirm that this candidate has been knoof the Institute.	nown to me for	year	s and is a fit a	nd proper perso	n to become a Fellow		
Seconded by		FICS					
Signed			Pl	Please repeat name in block letters			
(NB If the applicant has difficulty in completing the above, please contact the Institute of Chartered Shipbrokers)							
FOR OFFICIAL USE ONLY							
Branch Vetting Committee Recommendation Institute Vetting Comm		n by			ntrolling Council		
Branch				Date			
Date	Date			Into Computer			