

To: **Singapore Chinese Chamber of Commerce & Industry**

MEM/WD/2018

9 Jurong Town Hall Road, #04-01 Trade Association Hub,

Jurong Town Hall, Singapore 609431

电邮Email: membership@scccci.org.sg 传真Fax: 6339 0605 电话Tel: 6337 8381

退会要求表格 REQUEST FOR MEMBERSHIP WITHDRAWAL FORM	
To be completed by Representative	由现任代表人填写
I, _____, hereby (Name of Representative) request to withdraw my membership. Company Name: _____ (Chinese) Company Name: _____ (English) Reasons for Withdrawal: <div style="border: 1px dashed black; height: 150px; width: 100%;"></div>	本人 _____ 兹要求退会。 (代表人姓名) 公司名称 (中) : _____ 公司名称 (英) : _____ 退会理由 : <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
_____ Signature _____ Designation	_____ 签名 _____ 职衔
_____ Company Stamp _____ Date	_____ 公司盖章 _____ 日期

本会对您过去的支持深表感谢，也希望您能重新考虑保留会籍。敬请对本会的服务提供意见，以供改进。
SCCCI treasures your support as its valued member and sincerely hopes you could reconsider retaining your membership. Your feedback and suggestions for service improvement would be greatly appreciated.

商会专用 For Official Use:

审查员 Vetted by: _____

批准日期 Approval Date: _____