

Corporate Membership

Application Form 2019



CCI FRANCE BAHREÏN
FCCIB

PLATINUM: (company with more than 30 employees)
GOLD: (company with 4 to 30 employees)
SILVER: (company with 3 employees or less, and associations)
NON RESIDENT: (company which is not established in Bahrain)
START-UP:

☐ BHD 600
☐ BHD 400
☐ BHD 200
☐ BHD 300
☐ BHD 150*

*All the prices listed above are exclusive of tax and subject to VAT

Business sectors:

- ☐ Accounting/Auditing
- ☐ Advertising/Communication
- ☐ Aerospace/Aviation
- ☐ Airlines
- ☐ Architecture/Interior Design
- ☐ Arts
- ☐ Automotive
- ☐ Banking/Finance/Investment
- ☐ Beauty
- ☐ Catering/Bakery
- ☐ Chemicals/Petrochemicals
- ☐ Construction/Engineering
- ☐ Consulting Services
- ☐ Consumer Goods
- ☐ Culture
- ☐ Decoration
- ☐ Defense/Security
- ☐ Distribution
- ☐ Education/Training
- ☐ Energy
- ☐ Engineering Consultancy
- ☐ Environment Services
- ☐ Electrical
- ☐ Events/Entertainment
- ☐ Fashion
- ☐ Food & Beverage
- ☐ Government Organization
- ☐ Healthcare
- ☐ Hospitality
- ☐ HR Recruitment
- ☐ Industrial Equipment
- ☐ Insurance/Reinsurance
- ☐ Legal Consultancy
- ☐ Leisure Services
- ☐ Logistics
- ☐ Luxury Goods
- ☐ Media
- ☐ Medical Equipment
- ☐ Non Profit Organization
- ☐ Oil & Gas
- ☐ Relocation Services
- ☐ Renewable Energy
- ☐ Retail
- ☐ Risk Management
- ☐ Sports
- ☐ Telecommunications
- ☐ Tourism & Travel
- ☐ Trading
- ☐ Transport Industry
- ☐ Water
- ☐ Other _____

Company Information

Company Name

☐ French Company ☐ Partly-French Owned ☐ Bahraini Company ☐ Non-Bahraini Company

Telephone: +

Fax: +

Website:

Email:

Address:

City:

Country:

CR Number:

Number of Employees:

Company Representatives

Representative 1

First Name:

Last Name:

Position:

Nationality:

Phone/Direct: +

Mobile: +

Email:

Representative 2 (for Platinum and Gold membership only)

First Name:

Last Name:

Position:

Nationality:

Phone/Direct: +

Mobile: +

Email:

Representative 3 (for Platinum membership only)

First Name:

Last Name:

Position:

Nationality:

Phone/Direct: +

Mobile: +

Email:

(Please attach a photo for each representative)

Payment

Payment can be made by cash, cheque or bank transfer only.

Please fill this Application Form and send it back to: admin@fccib.net

This application will be processed and submitted to the FCCIB membership committee for approval.

An invoice will be issued for payment of membership fees upon approval.

By validating this form, I hereby certify that all above information is correct & authorize the French Chamber of Commerce and Industry in Bahrain to publish the same in the Directory.

Date:

Name:

Signature and Company Stamp:

For Board Use Only

Board Member Approval

Date: