REPRESENTATIVES NOMINATION FORM
UNDER ARTICLE NO. 20 OF THE ARTICLES OF ASSOCIATION OF SOPA

1. Name of Company : _______________________________________

2. Address : _______________________________________

3. Category of Membership Full/Associate

4. Name of Representatives (in order preference)
   Principal (1) : _______________________________________
   Alternate (2) : _______________________________________

5. Position of the Representative/s in the member's organisation (Director, Proprietor/Employee etc.)
   Principal (1) : _______________________________________
   Alternate (2) : _______________________________________

6. Signature of Authorised Representative
   Principal (1) : _______________________________________
   Alternate (2) : _______________________________________

   Authorised Signatory on behalf of the Member (Name of the Company)

DECLARATION

It is hereby declared that the aforesaid representative(s) is/are eligible by virtue of his/her/their appointment(s), to exercise the rights and privileges of Full Membership/Associate in accordance with the Articles of Association of SOPA.

PLACE : ________________    Authorised Signatory For and on behalf of the Member (Name of the Company)
DATE : ___________________