



Vehicle Rental Association

c/o 50 Ubi Avenue 3 Frontier #05-06

Singapore 408866

www.vra.org.sg / UEN: S87SS0062H

APPLICATION FORM

We hereby apply for the Ordinary/Associate Membership with Vehicle Rental Association and agree to abide by its rules and regulations.

Name of Company: _____

Address: _____

Company Reg. No.: _____

Tel No.: _____

Fax No.: _____

Accredited Representative

Name: _____

Designation: _____

Email Address: _____

Office Tel: _____

Mobile: _____

Alternate Representative

Name: _____

Designation: _____

Email Address: _____

Office Tel: _____

Mobile: _____

24hrs Contact- For Ministry of Home Affairs (SPF, ISD)

*You may tick more than one contact

1. Accredited Representative

2. Alternate Representative

3. Other Appointed POC (Fill in details below)

Name: _____

Designation: _____

Email Address: _____

Office Tel: _____

Mobile: _____



I hereby consent to allow Vehicle Rental Association to share contact details with Singapore Ministry of Home Affairs and understand I will be contacted for any emergency cases (e.g vehicle retrieval) or any other assistance required.

Our current fleet size is as follows:

1. Self-Drive: _____

2. Commercial: _____

(e.g Van/Truck/Prime Mover)

3. Chauffeur-Driven: _____

(Incl. Private-Hire)

4. Bus: _____

5. Others: _____

(Please specify)

Proposer

Second

Name: _____

Company: _____

Signature: _____

Signature of Accredited Representative

Co. Stamp and Date

FOR OFFICIAL USE ONLY

Date App. Received: _____

Membership No.: _____

Approved/Rejected on: _____

Cheque No. and Amount: _____

Receipt No.: _____

Signature: **Honorary Secretary**

Name: _____

Signature: **Honorary President**

Name: _____