# Information Form for Members

Individual / Company / Organization

To be filled and returned to ICC Türkiye at the address below who will forward a copy to ICC Headquarters in Paris.

**Please indicate**

**type of membership: Individual Company / Organization**

**For Individual Members**

Name Surname:

Title:

Address:

Postal code & City: Country:

Telephone: Fax:

Cell phone#: E-mail:

**For Company / Organization Members**

Company/Organization:

Address:

Postal code & City: Country:

Telephone: Fax:……………………………….

Website: E-mail:

Activities of company/organization:

**For Companies only**

Company turnover (US$mn): .

Year:

Do you insert the ICC Arbitration clause in your foreign contracts? Yes No

### For Organizations only

Please indicate the number of your members

Organizations:

Companies:

Individuals:…………………………………………………

## **Key executives of the company/organization**

1. Family name: (Mr/Mrs/Ms/Dr/etc.) First (given) name:

 Position:

2. Family name: (Mr/Mrs/Ms/Dr/etc.) First (given) name:

 Position:

## **Contact person for ICC**

Family name: (Mr/Mrs/Ms/Dr/etc.) First (given) name:

Position:

Direct telephone: Direct fax: Direct e-mail:

 As an ICC member, I/my organization agrees that all rights in any rules, codes, papers, reports, training materials, or other works produced by ICC commissions, task forces or other groups are collective works initiated by ICC in which ICC holds all rights. I/my organization further agree(s) that any individual contributions that I/any representative of my organization may make to such works will not give rise to any rights in such collective works.

The information requested is necessary for your membership. It will be registered in a database and used for the sole purposes of the ICC Secretariat. In accordance with articles 39 and following of the French Law "informatique et libertés" of 6 January 1978, as modified, you may access this information and ask for rectification by writing to ICC Information Services, 38 cours Albert 1er, F-75008 Paris.

Date: Signature: