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| Membership no. | | |  | | | Branch | | | |  | | | | | | | | | | |  | | |  | |
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|  | **To the Executive/Controlling Council of the Institute of Chartered Shipbrokers**  I wish to apply for **re-election as a Member** of the Institute of Chartered Shipbrokers,  having been initially elected as a Member in the year \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **APPLICANT PERSONAL DETAILS** | | | | | | | | | |  | | | | | | | |  | | |  | | |  | |
| PLEASE WRITE CLEARLY IN CAPITAL LETTERS (Personal details as they appear on your passport) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (Please circle) | | | Mr | Mrs | | Miss | | | | Ms | | | | Dr | | | | Capt | | |  | | |  | |
| First Name | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name (If applicable) | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Family Name/Surname/Last Name | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth (dd/mm/yyyy) | | | / / | | |  | | | | | |  | | | | | | | | | | | | | |
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| **Home address** | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Personal email address [mandatory]** | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Home tel. |  | | |  | |  |  | | Mobile | | | | | |  | | | | | |  | | |  | |
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| **Business address** | | |  |  | |  | | | |  | | | | | | | |  | | |  | | |  | |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Job title | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Business email address | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Where do you wish to receive your correspondence? (Please tick) | | | | | | | | | | HOME | | | | | | | |  | | | BUSINESS | | |  | |
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| First name and Surname as you wish it to appear on your certificate | | | | | | | | | | |  | | | | | | | | City of work | | | |  | | |
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| **PRINCIPLES OF MEMBERSHIP** | |  | |  | |  |  | | |
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| Guided by ‘our word our bond’ members should uphold the following principles of membership. As a Member I will:   1. Strive to conduct business with respect, honesty, objectivity and integrity. 2. Respect and obey the Institute bye laws, governance, rules and regulations both literally and implied. 3. Not misrepresent the Institute or any members for personal or professional benefit or for the benefit of a family member, friend or associate 4. Promote the importance of education within our industry 5. Respect the democracy, confidentiality and transparency within the Institute 6. Act within my given authority 7. Act in accordance with all applicable, local, national and international legislation, rules and regulation and use these as minimum standards 8. Co-operate with and contribute to the efforts of the appropriate authorities to combat illegal activities 9. Strive to amicably resolve issues internally within the Institute before seeking an external remedy   The reputation of the Institute is the responsibility of all members and fellows.  Any unethical or illegal practices of members should be reported to the Institute. The Institute commits to the confidentiality of any such reporting. | | | | | | | | | |
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| I hereby agree to comply with the above Principles of Membership (Please sign and date) | | | | | | | | | |
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| Signed |  | |  | | Date | | |  | |
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| **WORK EXPERIENCE** | | | | | | | | | |
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| Please state the companies with whom you have been employed with dates, including time of employment, the nature of business of each company and your position in them. (Continue on a separate sheet if necessary.) Time served at sea should be shown with the dates and ranks achieved. | | | | | | | | | |
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| **REASON FOR LAPSED / CANCELLED MEMBERSHIP** | | | | | |
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| Please provide details of why your membership previously lapsed / cancelled. | | | | | |
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| **REASON FOR RE-JOINING** | | | | | |
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| Please provide details of why you wish to re-join the Institute. | | | | | |
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| **ADDITIONAL INFORMATION** | | | | | | | | | |
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| Please provide any additional information relevant to this re-election application. | | | | | | | | | |
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| Membership no. | | | |  | | | | Branch | | |  | | | | | |  | | | | | | 5 of 6 | | | |
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| **SUPPORTING THIS APPLICATION** | | | | | | |  | | |  | | | |  | | | | | |  | | | | | | |
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| Applicants should obtain the signatures of two Fellows of the Institute in support of their application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I confirm that I do not know any reason shy the candidate would not be eligible to become a **Member** of the Institute. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Please write your first name and last name in capital letters | | | | | | | | | | | |  | |  | | | | |  |  | |  |  | |
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| I confirm that I do not know any reason shy the candidate would not be eligible to become a **Member** of the Institute. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Please write your first name and last name in capital letters | | | | | | | | | | | |  | |  | | | | |  |  | |  |  | |
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| **FOR BRANCH USE ONLY** | | | | | | | Branch Vetting Committee Stamp or Signature of the branch representative | | | | | | | | | | | | | | | | | | | |
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| **INSTITUTE MEMBERSHIP** |  |  |  |  |
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| Please see below the “Members” of the Institute statutory definition, from the Institute of Chartered Shipbrokers' Bye-Laws, approved by the Privy Council 2 November 2007 | | | | |

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| *6. Members shall comprise every person elected as a Member whose membership has not ceased.* | | | | |
| *7. To be eligible for election as a Member a person shall comply with the following conditions:*  *(a) He shall be engaged either as a principal, director, or employee in a Shipbroking Company or in a business having a bona fide connection with Shipbroking at the time of his application for election. Employment afloat in the merchant marine shall be considered as business having a bona fide connection with Shipbroking*  *(b) He shall, unless granted a dispensation there from under these Bye-Laws, have passed the Examination or have submitted to the satisfaction of the Education and Training Committee a dissertation in lieu thereof, and*  *(c) In addition he shall produce such evidence or submit to such additional oral or written examination, as the Education & Training Committee shall require to determine or test his practical ability in accordance with the Royal Charter Paragraph 2 (1).*  *(d) He shall have satisfied the Controlling Council that he is a fit and proper person to become a Member.* | | | | |
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Applications for election to membership will be placed before the Executive/Controlling Council for consideration.

Meetings of the Executive/Controlling Council to consider such applications normally take place in:

February, June, September and November each year. Please check our website for membership application deadlines.

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| **The General Data Protection Regulation Privacy Policy**  The Institute of Chartered Shipbrokers is committed to protecting your personal data and maintaining your privacy. The General Data Protection Regulation (GDPR) came into effect on 25 May 2018 and is a really positive step towards you having more control over how your data is stored, used and how you are contacted. The changes will also help protect your data.  The Institute of Chartered Shipbrokers uses the personal data that you have shared with us for the purpose of your involvement as a member of the Institute. Members can log on to their profile in shipbrokers.org and view the data that we hold and update it any time.  As a member of the Institute, you will receive some information from the Institute that is intrinsic to your membership (such as your membership renewal notice) by post, email or telephone. The below opt in boxes allow you to manage what and how you receive other communications from us.  Your data may be shared with your local Institute branch, if applicable, and our third party logistics provider for the purpose of distributing our magazine Shipping Network and other Institute publications to members.  Your data will not be shared with any other third party without your express permission.  Our new Privacy Policy is effective from 25 May 2018 and can be viewed at [www.ics.org/about-us/privacy-policy](http://www.ics.org/about-us/privacy-policy) | | | | | | | |
| **DECLARATION** | |  | |  | |  | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  | I undertake to observe the Bye-Laws of the Institute, which can be found at [*http://www.ics.org.uk/about-us/governance*](http://www.ics.org.uk/about-us/governance) | |  | | |  |  |  | I consent to the data supplied on this form to be used by the Institute at both international and local branch level to announce my election including publication of my name in Shipping Network | |  | | |  |  | |  | |  |  |  | By ticking this box you allow your contact details to be shared within the Institute membership network and accessed by other members. | |  |  | |  |  | |  |  |  | I would like to receive email communications from the Institute of Chartered Shipbrokers which may include newsletters, invitations to events and information about the Institute  I would like to receive communication by post from the Institute of Chartered Shipbrokers which may include the Shipping Network magazine, the Institute Annual Report and other information from the Institute  How would you like to receive Shipping Network?  Hard copy (tick box) Digital copy (tick box) | | | | | | | | |
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| Signed |  | |  | | Date | |  |
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| Please note that this form is not valid unless signed and dated.  Please return the form by email either to your local branch or to **membership@ics.org.uk** | | | | | | | |