



ASEAN SOCIAL SECURITY ASSOCIATION
(ASSA)
APPLICATION FORM

Type of Application : Member Observer (ASEAN)

PROFILE OF ORGANISATION

Country : _____

Name of Organisation : _____

Address : _____

Telephone : _____

Email Address : _____

Website Address : _____

Date of Legislation : _____

Date of Establishment : _____

No. of Members/Insured Persons : _____

Please mark the type/s of social security scheme being administered by your Organisation:

Provident Fund Social Insurance Social Assistance

Social Welfare Universal Health Insurance

Please mark the relevant branch/es of social security benefits covered by your Organisation:

<input type="checkbox"/> Old age	<input type="checkbox"/> Invalidity	<input type="checkbox"/> Survivors
<input type="checkbox"/> Sickness	<input type="checkbox"/> Maternity	<input type="checkbox"/> Work Injury/Occupational Disease
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Family Allowance	<input type="checkbox"/> Medical Care
<input type="checkbox"/> Others, please specify	: _____	

APPLICATION AND UNDERTAKING

On behalf of the _____ (Name of Institution) we would like to request admission as
(Member/Observer) _____ of the ASEAN SOCIAL SECURITY ASSOCIATION (ASSA).

Upon acceptance, we do hereby undertake to abide by the provisions of the ASSA Memorandum of Agreement (MOA) and comply with the Guidelines and Implementing Rules of ASEAN Observers as promulgated by the ASSA Board.

Name : _____
Title or Position : _____
Date : _____
Signature : _____

Company Seal/ Stamp

ENCLOSURES:

1. Names and Position of Board Members
2. Names and Position of Senior Management Officials
3. Vision and Mission Statements