

MOTOR SPORTS SINGAPORE ENTRANT LICENCE FORM

We/I, the undersigned hereby apply for an Entrant License of the Motor Sports Singapore and, if accepted, agree to abide by the Constitution, Rules and Sporting Code of the MSS.

PLEASE COMPLETE IN BLOCK LETTERS

Corporate/Individual Member's Name: _____

Corporate/Individual Membership No: _____

Address: _____

Mobile.: _____ Fax No.: _____ E-mail: _____

Nomination

I/We would like to nominate the following name:

Entrant Name: _____

I/We enclose * Cash / Cheque No. _____ for S\$250.00 being payment of corporate entrant licence.

Cheques should be crossed and made payable to the Motor Sports Singapore.

**Delete where not applicable*

Applicant's Name: _____ Applicant's Signature: _____

Date: _____ Company's Stamp: _____

When completed, please forward to:

The Secretary, Motor Sports Singapore, 2 Kung Chong Road #05-01 AA Centre Singapore 159140

Tel: 62277889 Fax: 62270911.

Website: www.mss.org.sg Email: contactus@mss.org.sg

MSS Counter Service Hours: Monday to Friday 1:00pm to 5:30pm

Closed on Saturday, Sunday and Public Holiday.

**Do note that Staff might not be in the office if you drop by any time before or after the counter service hours.*

FOR OFFICIAL USE ONLY

Acknowledgement: _____ Entrant Licence No. _____