

# The Institute of Chartered Shipbrokers

**85 Gracechurch Street, London EC3V 0AA  
Tel: (020) 7623 1111 Fax: (020) 7623 8118**

## Form of Application for RE-ELECTION TO FELLOWSHIP

(THIS FORM MUST BE SENT TO YOUR LOCAL BRANCH SECRETARY. IF YOU HAVE NO LOCAL BRANCH, SEND THE FORM TO HEAD OFFICE IN LONDON - PLEASE DO NOT SEND ANY MONEY WITH THIS FORM)

Applications for re-election will be placed before the Controlling Council for consideration. Meetings of the Controlling Council to consider such applications normally take place in March and October. Applications received at the appropriate Institute office after the last day of January or August respectively, may not be considered by the Council meeting immediately following.

TO THE CONTROLLING COUNCIL, I was originally elected as a Member of the Institute of Chartered Shipbrokers on.....and promoted to Fellow on..... and being aware of the qualifications called for under the Bye-Laws, I apply for re-election to Fellowship.

Please complete the following in BLOCK LETTERS or typing (include postcode):-

1 Surname (Family Name) Mr Mrs Miss Ms or Capt

Given Name(s)

2 Home Address:-

Telephone:

3 Present firm or company

Telephone:

Full business address:-

Telex:

Fax:

E-mail:

Please direct all communications to my HOME/BUSINESS address (delete whichever inapplicable)

4 Age:

Date of Birth:

/

/

(D)

(M)

(Y)

5 Nationality:

**All applicants for re-election must obtain the signatures of two Fellows of the Institute in support of their application.**

**I confirm that this candidate has been known to me for ..... years and is a fit and proper person to become a Fellow of the Institute.**

Proposed by ..... FICS.....

Please repeat name in block letters

**I confirm that this candidate has been known to me for ..... years and is a fit and proper person to become a Fellow of the Institute.**

Seconded by ..... FICS.....

Please repeat name in block letters

PTO

CAREER DETAILS

RE/F2

Please give details of all employment since leaving school. Give a brief job description including position held in each case.

Signature.....

Date.....

**FOR OFFICIAL USE ONLY**

Recommendation by Branch  
Vetting Committee

Recommendation by Institute  
Vetting Committee

Accepted by Controlling Council

.....Branch

Date.....

Date.....

Date.....

Into Computer.....