

MEMBERSHIP DIRECTORY: CORPORATE FORM

This information will be used for publication in the CCCM Annual Handbook and Directory and in the CCCM website.

GENERAL COMPANY INFORMATION

COMPANY NAME:

ADDRESS:

CITY:

TELEPHONE:

FAX:

EMAIL:

FACEBOOK URL:

WEBSITE:

LINKEDIN URL:

GICS INDUSTRY GROUP* (Please choose one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Automobiles and Components | <input type="checkbox"/> Energy | <input type="checkbox"/> Pharmaceuticals, Biotech and Life Sciences |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Food, Beverage and Tobacco | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Capital Goods | <input type="checkbox"/> Food and Staples Retailing | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Commercial and Professional Services | <input type="checkbox"/> Health Care Equipment and Services | <input type="checkbox"/> Semiconductors and Semiconductor Equipment |
| <input type="checkbox"/> Communication Services | <input type="checkbox"/> Household and Personal Products | <input type="checkbox"/> Software and Services |
| <input type="checkbox"/> Consumer Durables and Apparel | <input type="checkbox"/> Insurance | <input type="checkbox"/> Technology Hardware and Equipment |
| <input type="checkbox"/> Consumer Services | <input type="checkbox"/> Materials | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diversified Financials | <input type="checkbox"/> Media | <input type="checkbox"/> Utilities |
| | | <input type="checkbox"/> Other: _____ |

**For more information on GIGS: <https://www.msci.com/gigs>*

BACKGROUND (100 WORDS MAX)

MEMBERSHIP DIRECTORY: CORPORATE FORM

PRODUCTS AND SERVICES (100 WORDS MAX)

PRIMARY MEMBER

FIRST NAME:

LAST NAME:

POSITION:

EMAIL:

ADDITIONAL REPRESENTATIVES

Corporate Members may nominate up to 2 additional representatives. All will be invited to chamber functions and all can exercise the company's voting in the event of the Primary Member's absence.

FIRST NAME:

FIRST NAME:

LAST NAME:

LAST NAME:

POSITION:

POSITION:

EMAIL:

EMAIL:

*Requested documents:

- Completed membership directory form
- Company background
- Company products and services
- Digital photo of primary member
- Two additional digital photos of two representatives
- Corporate logo in .pdf, .ai, .png, or .jpeg format

Please submit this completed form and all requested documents at info@canmoz.org under the subject line: "Corporate Directory Info_COMPANY NAME".

Should you have further questions please contact us at +258 84 110 2226

SIGNATURE

DATE

(Primary Member)