



ASIA PACIFIC INVESTORS COOPERATION

Preserving Asian Pension Plans, Sovereign Wealth Funds and Institutional Investor Assets

REGISTRATION FORM APIC SENIOR REPRESENTATIVE

Organisation Name: _____ AUM: (required) _____

Brief Description of Organisation: _____

Address: _____

_____ Country: _____

SENIOR REPRESENTATIVE: (Please attach CV and Photo)

Name: _____

Title/Position: _____

Telephone (DL): _____ Mobile: _____

Email: _____

Assistant Name: _____ Telephone: _____

Email: _____ Mobile: _____

ALTERNATE REPRESENTATIVE: (Please attach CV and Photo)

Name: _____

Title/Position: _____

Telephone (DL): _____ Mobile: _____

Email: _____

Assistant Name: _____ Telephone: _____

Email: _____ Mobile: _____

ALTERNATE REPRESENTATIVE: (Please attach CV and Photo)

Name: _____

Title/Position: _____

Telephone (DL): _____ Mobile: _____

Email: _____

Assistant Name: _____ Telephone: _____

Email: _____ Mobile: _____

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Please Email Completed Form To: ir@ap-investorscooperation.org



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