



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 Member's Name: _____

Corporate Membership No: _____

Address: _____

Mobile.: _____ E-mail: _____

Nomination

I/We would like to nominate the following name:

Entrant Name: _____

**Please make a payment of S\$250 for the Corporate Entrant License.
PayNow to Motor Sports Singapore UEN No. S69SS0025B.
Please state the Member's Name when making payment.**

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

Date: _____ Company's Stamp: _____

When completed, please forward to:

The Secretary, Motor Sports Singapore, 120 Lower Delta Road, #10-10 Cendex Centre, Singapore 169208.

Tel: 62277889

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

MSS Counter Service Hours: Monday to Friday 1:30pm 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. _____