

BIAC Membership Application Form

Please complete the application form and return it with the appropriate payment to:
BIAC, Unique Heights (13th Floor), 117, Kazi Nazrul Islam Avenue, Dhaka-1217, Bangladesh.
For further enquiries please contact BIAC: Tell: +8802-55138092-93; Fax: +8802-55138045;
Cell No: 01314-447490; E-mail: info@biac.org.bd, biac.org.bd@gmail.com

Member's Information:

Title: (Mr. / Dr. / Mrs. / Ms.)

*Full Name (Block letter as in Passport):.....

*Passport no: * Date of issue:.....* Expiry date:

* DOB: Educational Status:

Profession:

Company: Position:

Phone: Office: Res: Fax:

*Mobile: * E-mail

Please attach a copy of your National ID card or Passport with this form.

Payment Methods: We kindly ask that you incur all related fees and send confirmation of the transfer to info@biac.org.bd, biac.org.bd@gmail.com

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| <input type="checkbox"/> Cash | Account details: |
| <input type="checkbox"/> Cheque | Account Name: Bangladesh International Arbitration Centre (Training) |
| <input type="checkbox"/> Pay Order | Bank Name: Mutual Trust Bank Ltd. |
| <input type="checkbox"/> Bkash at 01610006989 | Branch: Panthapath |
| please use 'Make Payment' option | Account Number: 0030320001786 |
| 2% charges apply | SWIFT Code: MTBLBDDHXXX |
| <input type="checkbox"/> Bank Transfer | Bank Address: 69/1 Panthapath, Suvastu Tower, Dhaka 1205 |

Personal Data:

1. Information provided in this application form will be used solely for the purpose of applying to be a member of BIAC, & in this connection the data herein will be dealt with by the BIAC staff and/or by the BIAC Board.
2. After the application for membership of BIAC has been duly processed, the application papers of the candidate will be retained in a file established by BIAC for each applicant. Such information will be retained by BIAC for as long as it deems necessary or useful.
3. Applicant has the right to access to, and the correction of, his or her personal data as retained by BIAC. Applicants wishing to access or make corrections to their data should submit written requests to the Chief Executive Officer of BIAC.

Declaration:

1. I authorize BIAC, its staff, employees and/or members of the BIAC Board to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application for membership of the BIAC.
2. I understand that my data will become part of BIAC's files and may be used for all purposes deemed necessary or useful by BIAC.
3. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my application for the BIAC Membership should my application be successful.

Please sign below to confirm your agreement to the disclosure of the information contained in the application and your confirmation of its accuracy.

Signature: Name (in print): Date: