

Please complete this form and send it to [infoshanghai@cameraitacina.com](mailto:infoshanghai@cameraitacina.com)

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APPLICATION FORM

PERSONAL DETAILS

Company Name \_\_\_\_\_

CICC Member (Y/N) \_\_\_\_\_

Name and Family Name \_\_\_\_\_  M  F

Date and place of birth \_\_\_\_\_

Address \_\_\_\_\_

Tel/Mob \_\_\_\_\_ E-mail \_\_\_\_\_

I have read and I accept the Terms and Conditions.

Date

Signature: