

## COMPANY OR ORGANIZATION INFORMATION

LEGAL NAME

DATE OF INCORPORATION APPLICATION

ADRESS

RUT

PHONE NUMBER

CITY / COUNTRY

WEB SITE

CONTACT EMAIL

## EXECUTIVES WHO WILL PARTICIPATE IN THE CHAMBER

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

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TELEPHONE NUMBER

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TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

NAME / LAST NAME

TITLE

TELEPHONE NUMBER

CONTACT EMAIL

## YOUR COMPANY OPERATES IN CHILE AS:

Mark with an X the option that applies to your company.

A: SUBSIDIARY OF  
FOREIGN COMPANY

B: CHILEAN REPRESENTATIVE  
OF FOREIGN COMPANY

C: CHILEAN  
COMPANY

D: OTHER (indicate)

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## IF A OR B, COMPLETE THE FOLLOWING INFORMATION

LEGAL NAME

CITY

COUNTRY

ADDRESS

PHONE NUMBER

WEB SITE

CONTACT EMAIL

NAME OF TOP EXECUTIVE ABROAD

TITLE OF TOP EXECUTIVE ABROAD

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## ABOUT THE COMPANY

ECONOMIC SECTOR OR INDUSTRY

NUMBER OF  
EMPLOYEES IN CHILE

TOTAL NUMBER OF  
EMPLOYEES

BRIEF DESCRIPTION OF THE COMPANY AND ITS ACTIVITIES IN CHILE:

REFERENCES

- If you want the Chamber to know additional information that has not been requested, please attach an appendix.
- Please specify if you or your company requires that any of the above information remains confidential.
- The Chamber reserves the right to request commercial background information of its new partners.

### APPLICATION PROCEDURE



**1. GATHER AND COMPLETE  
REQUIRED DOCUMENTS, AND SEND  
APPLICATION TO**  
emenendez@canchamchile.cl  
news@canchamchile.cl  
comprobantes@canchamchile.cl  
Phone number: +56 2 6469 2194



**2. APPLICATION IS  
PRESENTED TO THE BOARD**



**3. BOARD'S DECISION IS  
INFORMED**



**4. INCORPORATION FEE  
PAYMENT:**

50% of the ordinary  
membership fee

\*Is paid only once, at the time of entry.



**5. PAYMENT OF  
ANNUAL SOCIAL FEE**

VALUE	NUMBER OF COLLABORATORS
20 UF	To 25
35 UF	26 - 150
55 UF	More than 150

\*This payment must be made at the time of joining  
the Chamber.



**6. SEND DEPOSIT  
VOUCHER TO**

emenendez@canchamchile.cl  
news@canchamchile.cl  
comprobantes@canchamchile.cl

#### BANK DETAILS

CLP	USD
Chilean Canadian Chamber of Commerce Trade Association <b>Bank:</b> Scotiabank Chile <b>Checking Account:</b> N° 82 05484-04 <b>RUT:</b> 72.165.100-2	Chilean Canadian Chamber of Commerce <b>Bank:</b> Scotiabank Chile <b>Checking Account:</b> N° 670163801 <b>RUT:</b> 72.165.100-2

NAME / LAST NAME

TITLE

NAME

SIGNATURE