

**MEMBERSHIP APPLICATION FORM**

ORDINARY MEMBER



Please fill in the form and forward it to the following address:

[info@dmuv-mn.com](mailto:info@dmuv-mn.com)

I. General company information			
Name of company			
Registered in country			
Address			
Address for invoicing			
Phone / fax		Website	
II. Official representative(s)			
<i>The following person(s) will receive our circulars, invitations, invoices, mailings and etc.</i>			
Chairperson			
Name		Position	
Email		Phone	
Languages Spoken:			
<input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Mongolian <input type="checkbox"/> Russian <input type="checkbox"/> Chinese			
CEO/ Executive Director			
Name		Position	
Email		Phone	
Languages Spoken:			
<input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Mongolian <input type="checkbox"/> Russian <input type="checkbox"/> Chinese			
Employee in charge			
Name		Position	
Email		Phone	
Languages Spoken:			

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German  
  English  
  Mongolian  
  Russian  
  Chinese

**III. Situation in Mongolia**

<b>Status of business in Mongolia</b>	<input type="checkbox"/> Ongoing business since <input type="text"/>	<input type="checkbox"/> Market under survey
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**Type of legal entity in Mongolia (if applicable)**

Company under Mongolian Law, Owner/Founder of German Origin, based in Mongolia  
 Mongolian Enterprise with German-speaking Mongolian Owner  
 Mongolian representative office of one or several German enterprises with German owner, based in Mongolia  
 Mongolian Representative Office of one or several German Enterprises, Mongolian Owner

**Type of legal entity in Germany (if applicable)**

Consulting, based in Germany  
 Consulting, based in Mongolia  
 Private Person, Freelancer  
 German Enterprise without Representative Offices or Staff in Mongolia  
 Mongolian Enterprise with German-Speaking Management  
 Others, please specify: Click here to enter text.

<b>Number of employees worldwide:</b> <input type="text"/>	<b>Number of employees in Germany:</b> <input type="text"/>	<b>Number of employees in Mongolia:</b> <input type="text"/>
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**IV. Main Activities**

<b>Manufacturing</b>	<input type="checkbox"/> Own production <input type="checkbox"/> Contract / Toll manufacturing
<b>Distribution</b>	<input type="checkbox"/> Through own entity <input type="checkbox"/> Through local partner
<b>Trade</b>	<input type="checkbox"/> Export to Mongolia <input type="checkbox"/> Sourcing in Mongolia
<b>Others</b>	<input type="checkbox"/> Retail

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	<input type="checkbox"/> Real Estate <input type="checkbox"/> Project activities <input type="checkbox"/> Logistics <input type="checkbox"/> Technical Services <input type="checkbox"/> Legal Services, Tax Advisory, Consultancy <input type="checkbox"/> Others, please specify: Click here to enter text.
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**For matchmaking purposes, please give the most common (technical) terms for the products you manufacture or trade with:**

**V. Sectors**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Automotive, spare parts, services	<input type="checkbox"/> Chemical
<input type="checkbox"/> Construction / equipment, material and services	<input type="checkbox"/> Consumer Goods	<input type="checkbox"/> Energy / equipment and services
<input type="checkbox"/> Finance and insurance	<input type="checkbox"/> Food and Beverages	<input type="checkbox"/> Garment and related light industries
<input type="checkbox"/> Industrial goods - Machines and equipment	<input type="checkbox"/> Industrial goods - Electrical	<input type="checkbox"/> IT and Telecommunications
<input type="checkbox"/> Mining, Raw materials and preliminary products	<input type="checkbox"/> Transport and Infrastructure / equipment and services	<input type="checkbox"/> Others, please specify: Click here to enter text.

**VI. Confirmation**

<input type="checkbox"/> We agree and accept the association's constitution.
<input type="checkbox"/> We agree and accept the fee structure as set by the Board.
<input type="checkbox"/> We agree that the membership starts after the approval of the DMUV board and the receipt of the first membership fee.
<input type="checkbox"/> We confirm and accept that notice for termination is three months to the end of FY (as of Article 10 DMUV Constitution) in writing otherwise membership will be automatically continued for the

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following year.

We agree that general information on our company can be published in the DMUV member list, Website and other DMUV communication media.

**Therefore please give us a short description of your company:**

.....  
Location and Date

.....  
Name of Authorized Representative of Applicant

.....  
Company Name and Stamp

<b>For Official Use</b> <i>To be filled in by DMUV.</i>			
<b>Date of Application received</b>			
<b>Recruited by</b>			
<b>Discussed and Approved in Board meeting (Date)</b>		<b>Signature of Executive Director</b>	