



"Empower. Engage. Emerge Together."

# Visitor Information Form

Name

Business

Address

City

Pin

Phone

Email

Invited By

**Yes No**

- 1. I have been explained about EBF in detail ?
- 2. Are you aware of EBF has a clearly defined attendance policy?
- 3. Are you aware of weekly /Monthly Investments ?
- 4. Do you agree to abide by the Business Dress Code in EBF ?
- 5. Are you willing to take Leadership role when your time comes ?
- 6. Are you a member of any other Networking organisations ?
- 7. If my application is approved , I will join immediately

**I am aware that it is my duty to submit truthful information.**

**I agree to the terms & conditions**

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature**

**For Office Purpose Only:**

**Approved By :**

**President : \_\_\_\_\_ Signature : \_\_\_\_\_**