



MONACO CHAMBER OF SHIPPING MEMBERSHIP FORM

Name of Company:
Legal form:
Address:
Phone number: Fax number:
Email of the Company:
Web site:
Company represented by:
Position in the Company:
Email (Head of the Company):
RCI number:
Activity of the Company:
.....
.....
.....
Main products and services:
Trademarks:.....
Number of employees:
Gross payroll in 2025:
(Net of Executives compensation)
Turnover excluding tax in 2025:

Monaco,

Date:

Signature and stamp

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CHAMBRE MONEGASQUE DU SHIPPING

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