



Membership Application Request

DETAILS FOR INDIVIDUAL MEMBER

SALUTATION _____

FIRST NAME _____

LAST NAME _____

COUNTRY OF RESIDENCE _____

CITIZENSHIP _____

EMAIL _____

PHONE NUMBER _____

DETAILS FOR CORPORATE MEMBER

CORPORATE NAME _____

WEBSITE _____

ADDRESS _____

CITY _____

ZIP CODE _____

STATE _____

COUNTRY _____

CONTACT PERSON _____

EMAIL _____

PHONE NUMBER _____

I am not a member of Nektar

I am a Corporate Member of Nektar

UID# _____

I am an Individual Member of Nektar

UID# _____



Background Check Information & Authorization

PERSONAL DETAIL FOR INDIVIDUALS - OR CEO/PRESIDENT OF CORPORATE MEMBER

SALUTATION _____

FIRST NAME _____

LAST NAME _____

PERSONAL ADDRESS _____

CITY _____

ZIP CODE _____

STATE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____

PLACE OF BIRTH _____

DATE OF BIRTH _____

PASSPORT NUMBER _____

DATE OF ISSUANCE _____

EXPIRY DATE _____

I CERTIFY FOR THE INFORMATION ON THIS APPLICATION TO BE TRUE AND ACCURATE AND I HEREBY AUTHORIZE NEKTAR AND THE AGENCY TO PERFORM A BACKGROUND CHECK

SIGNATURE

DATE : _____

PLEASE RETURN THIS PAGE SIGNED BY EMAIL
compliance@iinnovation.agency
membership@nek-tar.ch



Event RSVP

I WILL PARTICIPATE TO THE THE FOLLOWING EVENT(S)

I WILL HAVE A GUEST

- ST MAARTEN MEETING
- DUBAI FORUM, APRIL 30, 2025
- DUBAI AUCTION APRIL 30, 2023



Payment Form

ACCEPTED METHODS OF PAYMENT FOR THE NEKTAR GALA*

BITCOIN A specialist will contact you

AMERICAN EXPRESS

VISA

MASTERCARD

NAME ON CARD _____

CARD NUMBER _____

CVV _____

EXPIRATION DATE _____

AMOUNT CHF _____

┌ _____ ───────────┐

└ _____ ───────────┘

SIGNATURE

DATE : _____

I PREFER TO WIRE MY PAYMENT, PLEASE CALL/EMAIL

SALUTATION _____

FIRST NAME _____

LAST NAME _____

BILLING ADDRESS _____

CITY _____

ZIP CODE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____