



# Request for membership as MEMBER FUND

## LUXEMBOURG BASED-FUND

**OFFICIAL NAME** \_\_\_\_\_

**LEGAL STRUCTURE**

**SICAV** self-managed : yes  / no

**FCP** Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

**SICAF**

**Other:** \_\_\_\_\_

**LEGAL STATUS**

**Part I** (Law 17.12.2010)  **Part II** (Law 17.12.2010)

**SIF** (Law 13.02.2007)

**SICAR** (Law 15.06.2004)

**RAIF** (Law 23.7.2016)

**Other:** \_\_\_\_\_

**CSSF CODE** \_\_\_\_\_ **TRADE REGISTER NUMBER** \_\_\_\_\_

**UMBRELLA FUND**  **Yes**  **No**

**DOMICILIATION AGENT**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

**CENTRAL ADMINISTRATION** \_\_\_\_\_  **DEPOSITARY BANK** \_\_\_\_\_

**CONTACT NAME** (for internal use or/and for correspondence )

Name : \_\_\_\_\_ Job Title \_\_\_\_\_ Phone : \_\_\_\_\_

Company : \_\_\_\_\_ e-mail : \_\_\_\_\_

## ELIGIBILITY CRITERIA

To comply with the eligibility criteria set up in Article 7 of ALFI's Articles of association and to calculate the registration ratio as defined in Article 1 of ALFI's internal rules of procedure, you are requested to provide the name of the initiator:

**NAME OF THE INITIATOR** \_\_\_\_\_

### *Applies for membership with ALFI*

**The undersigned undertakes to comply with ALFI's articles of association, internal rules of procedure and ethical rules of the profession.**

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

Request introduced by \_\_\_\_\_

Job title \_\_\_\_\_

Signature: \_\_\_\_\_