



SPONSORSHIP FORM FOR INDIVIDUAL MEMBER

The undersigned full ALFI member (choose an option)

Option 1: Providers of services to the Luxembourg collective investment management industry

Company name _____

Address _____

Postal code _____ City _____

Option 2: Undertaking for collective investment and other investment vehicles

Name _____

Legal Status

Part I (2010 Law) <input type="checkbox"/>	Part II (2010 Law) <input type="checkbox"/>	SIF (2013 law) <input type="checkbox"/>	SICAR (2004 Law) <input type="checkbox"/>
RAIF (2016 Law) <input type="checkbox"/>	Others (specify): _____		

CSSF or RCS number _____

represented by

Sponsor representative(s)

and (optional)

Name :	Name :
Title :	Title :
Phone : + _____	Phone : + _____
e-mail :	e-mail :

declares to sponsor the individual membership application of

Individual membership applicant

First Name _____ Last Name _____

The undersigned sponsor undertakes that

- 1) their sponsorship is valid for a period of two years maximum and they may be invited by ALFI to renew the endorsement
- 2) their sponsorship is valid for as long as the sponsor is a full ALFI member with their annual contribution paid

Date : _____

Sponsor name: _____

Sponsor job title: _____

Signature: _____