



# 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: \_\_\_\_\_