



# Request for membership as **ASSOCIATE MEMBER**

## General information

\* Name of company

\* Address

\* Category to display on ALFI's website

(Please select only one category)

<input type="checkbox"/> Consultant	<input type="checkbox"/> Depository / UCI Administrator	<input type="checkbox"/> IT / Technology Support	<input type="checkbox"/> Management Company	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant / Auditor	<input type="checkbox"/> Financial Sector Professional (PSF)	<input type="checkbox"/> Law firm	<input type="checkbox"/> Management Company / AIFM	

\* Note: the "name of company" and the "category" are automatically displayed on ALFI's website under the "Member company directory" section.

Name of ALFI full member(s) for which your company provides services

## ALFI internal information

Contact names used for all ALFI mails (such as AGM documentation / ALFI contribution / e-mails...)

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

Professional activity

Trade register number

Total number of employees

## Additional information to display on ALFI's website (optional)

Company website

Main phone number

Main e-mail address

Main fax number

Contact names

(If the information below matches the information provided above, please just refer "see above")

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

The undersigned  agrees /  does not agree (tick the right box) that all data provided inside the section named *Additional information to display on ALFI website* be published together with all those included in the section named *General information* on ALFI website.

Please note that each ALFI member should notify the ALFI Secretariat of any subsequent amendments to be displayed on its website. ALFI cannot be held responsible for any outdated data.

## Applies for membership with ALFI

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

**Important** Please attach a copy of your company's articles of incorporation.

Date :

Request introduced by

Job title :

Signature: