



Request for membership as **INDIVIDUAL MEMBER**

Personal Data

First Name (1) Last Name (1)

E-mail (2) Phone number (3)

The above data may be published on the ALFI website (ALFI member company directory)

I agree all or only (1) (1+2) (1+3) I disagree all

and in other places, including on social media and in ALFI member communications (such as the ALFI Newsflash). Refer to ALFI's privacy policy below for more details.

I agree all or only (1) (1+2) (1+3) I disagree all

Address

Postal code City

Note: Address is used only for internal purpose and ALFI mailings

Applicant profile

1) Describe your professional activity in the fund industry and the connectivity to Luxembourg.

Please attach a CV

ALFI box

2) Select applicant profile

The category hereafter will be displayed along with the personal data on the ALFI website except if the relevant box ("disagree" above) has been ticked.

Adviser/consultant <input type="checkbox"/>	Academic <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Individual who is an independent non-executive director <input type="checkbox"/>	
Please indicate at least one full or associate member of ALFI for which you have a mandate:	
.....		

Endorsement by two sponsors

To be eligible as an individual member, any candidacy has to be sponsored by two full members of ALFI as defined in Art.7 of the ALFI articles of association (i.e. a provider of services or an UCI or other investment vehicle domiciled in Luxembourg).

For that purpose, please list the sponsors below and enclose one sponsorship form for each.

Sponsor name

ALFI full member no. 1

ALFI full member no. 2

Applicant commitment

1. ADDITIONNAL CRITERIA OF ELIGIBILITY FOR INDIVIDUAL MEMBERSHIP

The undersigned applicant certifies that the information provided hereafter is true and given in good faith:

	Please initial if correct	ALFI box
The applicant is not an employee, partner or owner of an existing or potential full or associate member of ALFI (ie, UCI, management company, law firm, bank, central administration, auditor, etc.), with more than one employee.		
The applicant has no criminal record entry Please provide an extract from your criminal record (casier judiciaire) no older than 2 months.		
The applicant has not received a significant administrative fine or other sanction from any regulatory agency and no legal proceedings are in motion against the applicant		

2. ONGOING CONTROL

Every two years, upon request by ALFI, the undersigned applicant undertakes to provide an updated signed statement confirming that they continue to meet the criteria of eligibility.

ALFI data protection policy

With reference to the General Data Protection Regulation EU 2016/679 ("GDPR"), ALFI would like to inform the applicant about the usage and processing of personal data within ALFI and the applicant's personal rights as a data subject in this regard.

ALFI processes personal data purpose-related and based on the legal grounds listed in Art. 6, Par. 1 GDPR.

ALFI is committed to ensuring that its members' privacy is protected and secured.

ALFI may, as data controller, use the personal information provided to invite its members to future ALFI events, including by adding it to ALFI distribution lists, e.g. of the ALFI Newsflash.

To object to such use of personal data for specific purposes, please contact info@alfi.lu. Upon the end of the ALFI membership, any personal data will be erased upon request.

To access the personal data and/or rectify any incorrect/incomplete data, please contact info@alfi.lu.

The ALFI privacy policy is available at <https://www.alfi.lu/en-GB/Pages/About-us/Who-we-are/Privacy-policy>.

Adherence to ALFI rules

The undersigned applicant undertakes to comply with the ALFI articles of association, ethical rules and internal rules of procedures (Article 8)

The undersigned herewith applies for individual membership with ALFI.

Please make sure to provide all requested documents, otherwise the application cannot be processed.

Date : _____

Applicant name: _____

Applicant job title: _____

Signature:

If you would like to announce your ALFI membership on your website and/or social media, you are welcome to contact ALFI management for a quote.



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: _____