

ASF Membership Application

Advocacy | Consensus | Education



CONTACT DETAILS

Name _____

Street Address _____

City _____ State _____ Postcode _____

Country (if outside Australia) _____

Telephone No () _____ Facsimile No () _____

Postal Address _____

City _____ State _____ Postcode _____

Country (if outside Australia) _____

Website _____

PROPOSED NOMINATED REPRESENTATIVE

Name _____

Title in Organisation _____

Street Address _____

City _____ State _____ Postcode _____

Postal Address _____

City _____ State _____ Postcode _____

Direct Telephone () _____ Direct Facsimile () _____

Email _____

ANNUAL FEE & PAYMENT DETAILS

Membership fees are payable once the Application for Membership has been approved by the National Committee. The membership year is from 1 July to 30 June.

All enquiries & applications should be directed to:

The Australian Securitisation Forum Inc (ASF). ABN 35 741 845 529

PO Box 576 Crows Nest NSW 1585 Telephone: (02) 9431 8682 Facsimile (02) 9431 8677

Email: ASF@securitisation.com.au Website: www.australiansecuritisation.com.au

DECLARATION

The Applicant applies for membership of The Australian Securitisation Forum Inc. for the 2009/2010 subscription year and agrees upon approval of its application:

1. to be bound by the Rules from time to time of The Australian Securitisation Forum Inc. (the '**Rules**') and;
2. to ensure compliance with the Rules by the Application's proposed Nominated Representative.

SIGNED for and on behalf of

(Insert Firm/Company Name of Applicant)

by _____
(First Proposed Nominated Representative)

Date _____

YOUR AREA OF INTEREST

Please tick appropriate category that best describes your organisation (tick one box)

- | | |
|--|---|
| <input type="checkbox"/> Issuer | <input type="checkbox"/> Insurer |
| <input type="checkbox"/> Investment Bank | <input type="checkbox"/> Financial Guarantor |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Rating Agency | <input type="checkbox"/> Accounting Firm |
| <input type="checkbox"/> Investor | <input type="checkbox"/> other (please specify) |

Please summarise the nature of your business

