

# ASF Membership Application Form

Advocacy | Consensus | Education



## Organisation Details:

Company Name: \_\_\_\_\_

ABN No: \_\_\_\_\_

## Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

## Proposed Nominated Representative:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

## Annual Fee and Payment Details:

Membership fees are determined on a pro-rata basis for the membership year beginning 1 July to 30 June.

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## Declaration:

The Applicant applied for membership of the Australian Securitisation Forum Inc for the 2008/2009 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:

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*(insert Firm / Company Name of Applicant)*

By

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*(First Proposed Nominated Representative)*

Date:

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## Your Business:

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

- |  |  |
|--|--|
| <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 summarises the nature of your Business:

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