

ASSOCIATION OF FIDUCIARY SERVICE PROVIDERS LIMITED

APPLICATION FOR MEMBERSHIP

NAME OF COMPANY:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

DESCRIPTION OF
BUSINESS:
(fifteen words or less please)

NO. OF EMPLOYEES:

NAME OF COMPANY'S
REPRESENTATIVE:

NAME OF COMPANY'S
ALTERNATIVE
REPRESENTATIVE (if any):

We hereby apply for membership of the Association of Fiduciary Service Providers Limited and agreed to be bound by the Memorandum & Articles of Association of the Company.

We hereby undertake to contribute an amount not exceeding £1 to the assets of the Company in the event of it's being wound up while we are a member or within one year of us ceasing to be a member.

Signed:

Dated: