



Securities Finance Association Membership Application

We, , hereby apply for Membership of the Association.

Nature of Business of the Applicant:
(please Tick relevant box)

AGENT MEMBER	☐
HEDGE MEMBER	☐
OWNER MEMBER	☐
PRIME MEMBER	☐
PRIME LITE MEMBER	☐
SOLUTIONS MEMBER	☐

If this membership application is successful, please enter the following details in the register of Members of the Association.

Full Name of Member	
Registered Address	
Telephone Number	
Email Address	
Nominated Company Representative	
Position / Role	

We hereby agree to become a Member (if accepted) subject to and in accordance with the Memorandum and Articles of Association of the Association, by which we hereby undertake to be bound.

We undertake to contribute to the assets of the Association, in the event of its being wound up while our organisation is a Member or within one year after our organisation ceased to be a Member, for the payment of the debts and liabilities of the Association contracted before our organisation ceases to be a Member and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories



among themselves, such amount as may be required not exceeding one hundred US Dollars.

We hereby acknowledge our understanding of and agree to the terms and provisions set out in the Association's Privacy Policy, as updated from time to time.

We understand that the Association intends to use our Personal Data provided in this application form for direct marketing the Association's Services (which are set out in the Association's Privacy Policy) but cannot so use such Personal Data without seeking appropriate consent.

We hereby agree to the Association's use of our Personal Data provided in this application form for direct marketing, but if we find such use of our Personal Data not acceptable, we will indicate our objection before signing this application form by ticking the box below.

We object to the proposed use of our personal data in direct marketing. ☐

Signed by

For and on behalf of
(insert name of applicant)

Name of Authorised
Signatory

Position

Date