

For Official Use Only

Ref:	<input type="text"/>
Date:	<input type="text"/>

CFA MEMBERSHIP FORM

1. Administrative Services Provider (ASP) details

Name:

Supervisory Authority License/ Application no.:

Address:

Incorporation date:

Telephone/ Fax No.

E-mail:

Website:

In case ASP is part of a Group of companies/ Professional network:

Name of Group/ Network:

Countries represented:

2. Operational details

Number of staff:

How many client entities (companies, trusts, etc.) do you manage?

Cyprus	Foreign
<input type="text"/>	<input type="text"/>

Note 1: Management is included in its broadest sense and covers not only full management but also specific services only, such as directorship, corporate administration, etc.

Note 2: The ratio of the number of client entities managed to the number of staff employed by the ASP should ensure the capability of the ASP to provide quality services to its clients.

CFA MEMBERSHIP

Name(s) and nationality
of Director(s):

Name(s) and nationality
of Principals
(other than Directors):

Name and contact details of 1-3 persons representing the Firm with the CFA,
being Directors or executives employed by the applicant ("Representatives")

1.
2.
3.

Details on the Compliance Officer, Lawyer, and Internal Audit function

	<u>Name</u>	<u>In-house</u>	<u>External</u>
Compliance Officer		<input type="checkbox"/>	<input type="checkbox"/>
Lawyer		<input type="checkbox"/>	<input type="checkbox"/>
Internal Auditor		<input type="checkbox"/>	<input type="checkbox"/>

Does the Firm have Professional Indemnity Insurance currently in force?

Yes No

If yes, please specify: Limit of coverage per claim and in the aggregate:

€	/
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Does the Firm or any Director or Officer have 'Directors & Officers Liability Insurance' currently in force?

Yes No

If yes, please specify: Limit of coverage per claim and in the aggregate:

€	/
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Note: Please submit copies of your abovementioned insurance covers.

Motivation why Firm wishes to become member of the CFA (optional). Any other considerations to be taken into account:

Declaration

By signing, the ASP agrees to adhere by the Membership Requirements and Code of Conduct of the CFA. A registration fee of EUR500 is payable upon submission of the form and it is non-refundable.

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Name

Signature

Date

Company Seal