



International Forfaiting Association

To the IFA Membership Committee: Form of Application for IFA Membership

Either complete by typewriter or print in block letters.

Please refer to the attached Conditions before completing this Form

1 Name of Applicant:			
Street:	Phone:	Telex:	Fax:
Post Code:	City:	Country	
E-Mail:			

wishes to apply for membership of the Association. The following particulars are given in support of this application.

2 Describe the nature of the Applicants business activities:

The Applicant is	<input type="checkbox"/> a bank	<input type="checkbox"/> a company	<input type="checkbox"/> a partnership	<input type="checkbox"/> other
organized and existing under the laws of:	_____			
Date and place of incorporation:	_____			
Commencement of business activities:	_____			
Capacity in which business is usually conducted:	<input type="checkbox"/> as principal	<input type="checkbox"/> as agent / arranger	<input type="checkbox"/> as broker	

3 Please indicate the Applicant's regulatory status:	
<input type="checkbox"/> a bank	
licensing authority: _____	date of license: _____
<input type="checkbox"/> a licensed dealer:	
licensing authority: _____	date of license: _____

4 Please give the names of two IFA members who are willing to act as referees supporting this application. An authorised representative of each referee should print and sign his name below. Referees are advised to take note of the attached Conditions to which they are subject. The membership committee reserves the right to request additional references.

Name of bank/company:	Name(s) and title(s) of officer(s) signing:
Name of bank/company:	Name(s) and title(s) of officer(s) signing:

MEMBERSHIP AGREEMENT

5 If the membership committee accepts the subject application for membership of the Association and the Applicant is admitted to membership, the Applicant undertakes to comply with the requirements of the statutes, by-laws, rules and recommendations of the Association. The Applicant acknowledges that it is aware of and is bound by the attached Conditions. The Applicant certifies that the particulars given in this application, including all documents attached hereto, are true and complete in every respect. The Applicant understands that the membership committee may undertake due diligence and agrees to provide any additional information that the membership committee and/or the IFA Board might require.

Date of signing:	Place of signing:
Name of Applicant:	
Authorized signatories for and on behalf of the Applicant: Full names and titles of signatories	

6 The completed application must be forwarded by **registered mail** to:

IFA International Forfeiting Association
 c/o Interhold AG
 Othmarstrasse 8
 P.O. Box 432
 CH-8024 Zurich
 SWITZERLAND

All applications will be acknowledged by the secretariat. Incomplete applications will not be considered. Indicate the principal delegate who will act on behalf of your bank.

Date of signing:

Address, if different from that on page 1

Phone:	Fax:	Telex:	E-Mail:
--------	------	--------	---------

CONDITIONS

Referees:

Each referee by supporting the application represents that to the best of its knowledge the applicant is in good standing and that the executive(s) acting on its behalf is (are) honest and respectable and posses(ses) the proper skill, knowledge, integrity and experience generally expected of a competent Forfeiter by the forfeiting industry and is accordingly recommended for membership of the IFA International Forfeiting Association.

In order to safeguard the reputation of the IFA International Forfeiting Association and its members, it is recommended that the Referees personally consider the nature of the application and shall thoroughly familiarize themselves with the character, business, commercial standing and qualification for eligibility as set out in article 3 of the IFA's statutes of the Applicant and its representatives before supporting the application.

Applicants:

By becoming IFA member(s), the Applicant acknowledges and accepts that it will conduct its business to the highest possible ethical and legal standards and in accordance with applicable and compliant market practices.

If admitted, the Applicant shall immediately inform in writing the IFA Secretariat of material changes in its constitution or capacity, such as changes in the executives bodies and/or events of any kind, which may affect the reputation of the IFA and its members.

By submitting this application the Applicant waives any right of recourse against the IFA and/or its current or former Board Members for any losses and/or damages that may be suffered by the Applicant in connection with its application (including, without limitation, arising from a rejection of the application).