

AFMA Membership Enquiry Form



Organisation Details

Name of organisation: _____

ABN: _____ AFSL: _____

Address: _____

Main telephone: _____ Web address: _____

Are you an Authorised Deposit-taking Institution: Yes No

Type of Entity (<i>indicate</i>)	Ownership	Governance
<input type="checkbox"/> ASX listed company	Attach names of significant shareholders (+20% of shares)	Attach names of Directors & CEO
<input type="checkbox"/> Proprietary company	Attach names of significant shareholders (+20% of shares)	Attach names of Directors & CEO
<input type="checkbox"/> Partnership		Managing Partner(s)
<input type="checkbox"/> Branch	Parent:	Local CEO:
<input type="checkbox"/> Subsidiary	Parent:	Local CEO:
<input type="checkbox"/> Joint Venture	Attach names of Joint Venture Partners	CEO:

**If you require more space, please feel free to attach supporting document*

Business Activity

Does your organisation engage in any of the business activities listed below:

- Corporate Banking & Advice Yes No
- Foreign Exchange (*Spot, Forwards, Swaps, Options*) Yes No
- Interest Rates (*Bank Bills, Bonds, OIS, IRS, CDS, IRO, Futures*) Yes No
- Equities (*Cash, Derivatives, Warrants, CFDs*) Yes No
- Commodities (*Energy, Metals, Softs*) Yes No
- Capital Markets (*Equity, Debt*) Yes No
- Corporate Advisory (*Mergers & Acquisitions*) Yes No
- Custody (*Sub, Global, Master*) Yes No

How many staff are engaged in the business activities listed above: _____
(including all front office, middle office and operational staff)

Please return this form to the AFMA Membership Team via membership@afma.com.au

Australian Financial Markets Association

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