

1. PERSONAL DATA

I, undersigned:

Last name, first name : _____
Occupation : _____
and / or
Position : _____
Date & place of birth : _____
Full address : _____

Country : _____
Telephone : _____ **Fax** : _____
E-mail : _____ **Website** : _____

Acting on behalf of (if applicable):
(Please tick hereunder appropriate box)

A Corporation

A Trade Association

Full name : _____
Mailing address : _____

Country : _____
Telephone : _____ **Fax** : _____
E-mail : _____ **Website** : _____

2. SPECIFIC DATA

(if applicable)

Trade Registry N° : _____ **Registration date**: _____
Delivered by : _____ **on** : _____

3. WE JOIN FECIF AS

ACTIVE MEMBER

An association / trade body e.g. of financial advisers and intermediaries

1) Number of members:

a) Natural person : _____

b) Corporations : _____

2) List of Experts who are in charge of regulatory affairs:

Name, First Name, Education/Training, Field of expertise

Name, First Name, Education/Training, Field of expertise

Name, First Name, Education/Training, Field of expertise

Name, First Name, Education/Training, Field of expertise

3) List of co-regulatory bodies, working groups, committees, etc. (both at national and EU level) in which you are regularly participating:

DIRECT MEMBER

A legal or natural persons exercising the profession of financial adviser or intermediary

1) Please provide details of both professional and educational qualifications, if any:

2) In which countries do you transact business?

Please indicate whether this is on FPS or from a permanent establishment

3) What kind of products/services do you offer?

- 4) Please provide details of memberships of relevant professional bodies, if any:

- 5) Please provide details of your annual turnover (fees and/or commission):

ASSOCIATE MEMBER

ASSOCIATE « PLUS » MEMBER

A legal or natural person providing products / services relating to financial intermediation

- 1) In which countries do you transact business?

Please also indicate whether this is on FPS or from a permanent establishment

- 2) What kind of products/services do you offer?

- 3) What sort of cooperation would you offer or propose to a financial advisor or an intermediary?

4. DECLARATION

I / we declare that the information supplied in this questionnaire is complete and correct.

I / we wish to become a member of the European Federation of Financial Advisers and Financial Intermediaries A.i.s.b.l (FECIF).

Signature

Date and Place

5. SUBMIT THE APPLICATION

»**NEXT STEPS:** Send us a digital copy of the completed application by clicking on the “Send” button the bottom of this page, **AND** print out the completed application, sign it and **send it by post** to the following address:

FEDERATION EUROPEENNE DES CONSEILS ET INTERMEDIAIRES FINANCIERS
Avenue Louise 143/4, B-1050 Brussels, BELGIUM

Bank: BELFIUS Bruxelles - **BIC:** GKCCBEBB
Account Number: IBAN: BE17 0682 2751 2921
