

**Form of Application for ITFA Membership**

Please complete in block capitals.

Please refer to the attached Conditions before completing this form.

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| **1.** | | |
| Name of Applicant Company: Click here to enter text. | | |
| Street: Click here to enter text. | Phone: +000 number | Fax: +000 number |
| Post Code: Click here to enter text. | Email: Click here to enter text. | |
| City: Click here to enter text. | Country: Click here to enter text. | |
| Website: Click here to enter text. | Name & Surname: Click here to enter text. | |
| Applicant wishes to apply for membership of the Association. The following particulars are given in support of this. application. | | |
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| **2.** | | |
| Describe the nature of the Applicants’ business activities (up to 150 words): | | |
| Click here to enter text.  (This information may be published on the ITFA website or other ITFA media) | | |
| The Applicant is: Click here to enter text. | | |
| Organised and existing under the laws of: Click here to enter text. | | |
| Date and place of incorporation: Click here to enter text. | | |
| Capacity in which business is usually conducted: Click here to enter text. | | |

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| **3. Please indicate the Applicant's regulatory status:** | |
| ☐ a Bank | |
| Licensing Authority: Click here to enter text. | Date of License: Click here to enter a date. |
| ☐ a Licensed Dealer | |
| Licensing Authority: Click here to enter text. | Date of License: Click here to enter a date. |
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| **4. This section should only be completed in the event the Applicant is not operating under a banking or authorised dealer license.** | |
| Please give the names of two ITFA members who are willing to act as referees supporting this application. An authorised representative of each referee should print and sign his/her 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:  Click here to enter text. | Name(s) and title(s) of officer(s) signing:  Click here to enter text. |
| Name of bank / company:  Click here to enter text. | Name(s) and title(s) of officer(s) signing: Click here to enter text. |
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| **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 statues, 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 ITFA Board might require. | |
| Date of signing: Click here to enter a date. | Place of signing: Click here to enter text. |
| Name of Applicant: Click here to enter text. | |
| Authorised signatories for and behalf of the Applicant:  (Full names and titles of signatories)  Click here to enter text. | |

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| **6. Submission** | | |
| The completed application must be forwarded via email to your regional committee or to any of the board members of info@itfa.org | | |
| ITFA International Trade & Forfaiting Association  c/o Format A AG  Wiesenstrasse 9, 8008 Zürich  Switzerland  All applications will be acknowledged by the secretariat, Incomplete applications will not be considered. Please indicate the principal delegate who will act on behalf of your bank / company. | | |
| Date of signing: | | |
| Principal Delegate and/or Address, if different from that on page 1  Click here to enter text. | | |
| Phone: Click here to enter text. | Fax: Click here to enter text. | Email: Click here to enter text. |
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**CONDITIONS OF MEMBERSHIP**

**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 possess(es) the proper skill, knowledge, integrity and experience generally expected of a competent Forfaiter / Trade Financer by the industry and is accordingly recommended for membership of the ITFA International Trade and Forfaiting Association.

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

**Applicants:**

By becoming ITFA members, 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 ITFA Secretariat of material changes in its constitution or capacity, such as changes in the executive bodies and/or events of any kind which may affect the reputation of the ITFA and its members.

By submitting this application, the Applicant waives any right of recourse against the ITFA 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).