



## AMAFI MEMBERSHIP APPLICATION FORM

• **Business name:**

• **Address:**

• **Tel.:**

• **Status:**

Investment firm

Credit institution

Market infrastructure <sup>(1)</sup>

Other

• **Company (and branch) registration number:**

• **Established on:**

• **Authorised on <sup>(2)</sup>:**

• **Legal form <sup>(3)</sup>:**

• **Senior manager(s) <sup>(4) (5)</sup>:**

• **Main Shareholders <sup>(6) (7)</sup>:**

• **Parent company <sup>(5)</sup>:** Name:

Country of incorporation:

• **Investment services performed <sup>(4)</sup>:**

Reception and transmission of orders

Underwriting

Execution of orders

Firm commitment placing

Dealing on own-account

Placing without a firm commitment

Portfolio management

Operation of a multilateral trading facility (MTF)

Investment advice

Operation of an organised trading facility (OTF)

• **Financial instruments covered** <sup>(4)</sup>:

- |                                      |                          |                       |                          |
|--------------------------------------|--------------------------|-----------------------|--------------------------|
| Equity securities                    | <input type="checkbox"/> | Debt securities       | <input type="checkbox"/> |
| CIS units or shares                  | <input type="checkbox"/> | Financial derivatives | <input type="checkbox"/> |
| Commodity derivatives <sup>(8)</sup> | <input type="checkbox"/> |                       |                          |

• **Number of staff in France** <sup>(6)</sup> :

• **Collective bargaining agreement applicable (if any):**

• **Type of membership requested** <sup>(9)</sup>:

- |                      |                          |                  |                          |
|----------------------|--------------------------|------------------|--------------------------|
| Direct member        | <input type="checkbox"/> | Associate member | <input type="checkbox"/> |
| Correspondant member | <input type="checkbox"/> |                  |                          |

• **Individual who completed this application** <sup>(10)</sup>:

Surname:

First Name:

Position:

**Date:**

**Signature:**

- (1) Market operator, central counterparty, settlement system operator, central depository.  
(2) For entities authorised in France as a credit institution or an investment firm.  
(3) Indicate, where applicable, if the entity is a branch of a foreign institution.  
(4) For entities authorised as a credit institution or an investment firm.  
(5) Where applicable, individual(s) falling within the scope of the definition of accountable senior manager as per Articles L. 511-13 and L. 532-2 of the French Monetary and Financial Code. Please provide their surname, first name and position.  
(6) For entities authorised as a credit institution, investment firm or market infrastructure.  
(7) Specify ownership shares expressed in terms of capital as well as voting rights, if different.  
(8) Including intangibles such as carbon and climate derivatives.  
(9) The type of membership should be determined in particular with reference to the information provided in AMAFI / 15-09, which describes the various categories of members. The procedures governing the fees payable by each category of members and any sub-categories are established annually on our website.  
(10) Unless otherwise indicated, this individual will be considered as the AMAFI's contact person for all administrative questions related to membership.

**Please fill out the form and send it to:**

**AMAFI – 13, rue Auber – 75009 Paris – France – [cchassagne@amafi.fr](mailto:cchassagne@amafi.fr)**

**Along with the company's articles of association and CVs of the two identified senior managers.**