

Corporate Membership Application Form

Name of Organisation: (Block Capitals please)

Name of Managing Director:

Business Address:

Authorised Representative 1
 Name:
 Address:
 Tel:
 Fax:
 Email:

Name of Compliance Officer
 (if not your Authorised Representative)

Authorised Representative 2
 Name:
 Address:
 Tel:
 Fax:
 Email:

Name of Money Laundering Reporting Officer

Authorised Representative 3
 Name:
 Address:
 Tel:
 Fax:
 Email:

Nature of Business:
 (Bank/Trust & Company Manager/
 Insurance Company/Accountants &
 Auditors/Lawyers/Other Financial Institution)

Payment Method

Please send a cheque for £200.00 payable to Gibraltar Association of Compliance Officers
 Together with this completed form to: The Membership Secretary, Gibraltar Association of
 Compliance Officers, PO Box 1493

Please note that whilst you may have 3 representatives, only 1 vote will be allowed per Company.

Signed:

Date:

Position within business
 (please state whether Director or Manager)