

Australian Securitisation Forum

Level 32, 200 George Street, Sydney NSW 2000, Australia
 T+ 61 2 8277 4141 ABN 35 741 845 529



Please email the completed form to asf@securitisation.com.au

Organisation details

Organisation: _____ Website: _____
 Street address: _____
 Postal address (if different from above): _____

Primary contact

Please provide details of the organisation’s primary contact who will receive membership renewal notices and communications on annual general meetings:

Name: _____ Position: _____
 Email: _____ Telephone: _____

Main business activity

Please tick the category that best describes your organisation:

Issuer Law firm Insurer Trustee
 Investor Investment bank Accounting firm Mortgage broker/aggregator
 Other – please specify _____

Please summarise the nature of your business:

Please summarise your interest and motivation in Australian Securitisation Forum membership:

Referee details

Please provide the contact details of a current member of the ASF to endorse your application:

Name: _____ Organisation: _____
 Email: _____ Telephone: _____

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Approval process

Membership applications will be considered for approval by the ASF's governing body, the National Committee. The tier will be determined according to the organisation's market presence relative to industry peers. Once the application has been approved, an invoice for membership fees will be issued.

Membership fee payment

Corporate membership is renewable on an annual basis. The primary contact will receive the membership renewal notice via email. The primary contact can be changed at any time by written advice to asf@securitisation.com.au. The membership year is 1 July to 30 June.

Declaration

The Applicant applies for membership of the Australian Securitisation Forum Inc. for the 20__ / 20__ subscription year and agrees upon approval of its application:

1. To be bound by the Rules of the Australian Securitisation Forum Inc. (the 'Rules') and;
2. To ensure compliance with the Rules by the Applicant's proposed Nominated Representative.

Signed for and on behalf of: _____ *(organisation name)*

By: _____ *(primary contact)*

Date: _____