

Membership Application Form

1. Company Details

Company Name	
Contact Person	
Job Title	
E-mail address	
Address	
Post code	
Tel. No	
Fax No	
VAT No	
Website	
Date of establishment/ Incorporation & category of license	
Place of Establishment/ Incorporation	

2. Affiliated Companies

Please complete this section if you form part of a Group of Companies

Group Name	
Website	
Date of establishment/ Incorporation & category of license	
Place of Establishment/ Incorporation	

3. Other Memberships

Please list any other current company membership

4. Area of Activity

Service Providers to Collective Investment Schemes

(Please tick as appropriate)

- Investment Manager
- Administration Services
- Custody Services
- Audit Firm
- Legal Firm
- Representative in Malta of an Overseas Collective Investment Scheme
- Risk and Compliance Services
- Distributor in Malta of an Overseas Collective Investment Scheme
- Directors of Collective Investment Scheme
- Stockbroker and/or Wealth Manager
- Other service providers to funds (Please specify)

5. Assets under Management/ Administration/ Distribution/ Custody (if applicable)

Please tick as appropriate

<input type="checkbox"/> <€ 25mn	<input type="checkbox"/> € 100mn – € 250mn	<input type="checkbox"/> € 750mn – € 1bn
<input type="checkbox"/> € 25mn – € 50mn	<input type="checkbox"/> € 250mn – € 500mn	<input type="checkbox"/> >€ 1bn
<input type="checkbox"/> € 50mn – € 100mn	<input type="checkbox"/> € 500mn – € 750mn	<input type="checkbox"/> Other

6. Fees

Membership Fee: €300 per annum

7. Payment Options

Please remit membership fee to:

By Bank Transfer

Bank	HSBC Bank Malta p.l.c.
A/C No.	033268822001
Type of A/C	Current Account
Name of A/C	Malta Funds Industry Association

Kindly send filled in form to info@masa.mt and an original copy to:

Malta Asset Servicing Association
c/o Fexserv Fund services
NuBis Centre
Mosta Road
Lija, LJA 9012

8. Authorisation

Name

Signature

Position

Date

Thank you for your application