



# Association of Finance Brokers

## Your Membership Application



Association of Finance Brokers

### Your company details

Full company name								
Your name		Your job title						
Telephone number		Email address						
Main contact name	<small>(for all AFB communications)</small>		Job title					
Managing Director / CEO								
Address								
Postcode		Email						
Firm's CCA license number		CCA license	A	B	C	D	E	F
<small>(if individuals hold a CCA license please include details below)</small>		<small>(please circle as appropriate)</small>						

### Your firm's members

How many secured lending staff do you have? Please include all subsidiaries and branches	
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By secure loan broker staff, we mean all those involved in the arranging of secured loans including underwriters, sellers, processors, administration and processing support, compliance and T&C, but excluding contact centre staff who may conduct initial contact calls and screening questions.

For each person you would like to add to our distribution list, please provide their name, location, email address and CCA license number if this is held in the individual's own name. This will ensure your chosen staff receive our emails and information about our events. Please update us regularly as staff leave or join.

If you require more space, please continue on a separate sheet or send us the information by email or CD - please make sure to include your firm and contact details in case we need to contact you.

Name	Location	Email address	CCA license number

Continued overleaf.





## Your firm's members (continued)

For each branch office, please provide all contact details including full address, telephone number, fax number and email address.

Branch name			
Address			
Telephone number		Fax number	
Email			
Branch name			
Address			
Telephone number		Fax number	
Email			

## Your payment

How would you like to pay your membership subscription? Please tick

Monthly direct debit	<input type="checkbox"/>	Annual direct debit	<input type="checkbox"/>	Annual cheque	<input type="checkbox"/>
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## Your commitment to us

I/We confirm that the information given here is true and accurate and I/we understand that the submission of misleading information may lead to the refusal of the application or subsequent cancellation of membership.

I/We undertake to observe the provisions of the Memorandum and Articles of Association and such membership regulations of the Association of Finance Brokers as may, from time to time, be laid down by the Board of the Association. I/We can request a copy at any time.

I/We understand that AFB may wish to use any personal data contained in this form or subsequently obtained during the course of its activities and may disclose such data to approved third parties. By signing this application, I/we consent to such processing. I/We acknowledge that should I/we not wish data to be disclosed to third parties (save those with whom it is necessary for AFB to share such data) I may indicate this by ticking this box.

## Your signature

Signature			Date		
Director	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Sole practitioner	<input type="checkbox"/>

## Our fees

1 - 10 Secured lending staff	£330
11 - 50 Secured lending staff	£600
51 - 99 Secured lending staff	£1,200
100 + Secured lending staff	£2,500

## Next steps

Please complete and return the application form with your direct debit mandate or cheque to Membership Officer, AFB, Austin Friars House, 2-6 Austin Friars, London, EC2N 2HD.

Ref Code: