

ASSOCIATION OF FIDUCIARY SERVICE PROVIDERS LIMITED

APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF APPLICANT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

DESCRIPTION OF
EMPLOYMENT/BUSINESS
(please stipulate clearly if you
are applying as Key Staff
of a Member Firm):

*For completion by Corporate
Entities Only:*

NAME OF CONTACT FOR
AFSP:

A membership directory including contact details will be published in the secure members area of our website and accessed by members and associate members only. The directory may also be accessed by members outside the Isle of Man and European Union.

Signed:

Dated: