

CONFIDENTIAL

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**TREASURY, RISK
AND FINANCE
PROFESSIONALS**

ACT

For Office Use
Membership No.

APPLICATION FOR FELLOWSHIP

Please return completed for to the Member Services Executive, together with one copy of your employer's latest report and accounts.
Note: It is implicit in the submission of this application that the candidate is willing to attend an interview if required.

A. PERSONAL DETAILS

Surname Date of Birth

First Name(s)

Title (Mr, Ms, Mrs, Miss, Dr or Other) Preferred First Name

Designatory Letters (BA, BSc, ACA etc)

Please indicate your preferred mailing address Office Home

B. BUSINESS ADDRESS

Company Name

Job Title Dept./Floor

Work Address

Postcode Country

Office Telephone Office Fax

Email Website

C. HOME ADDRESS

Home Address

Postcode Country

Home Telephone Email

D. CURRENT EMPLOYER

Company Name: _____

Listing: FTSE 100 FTSE 250 SEC Other Listed (State Country) _____

Reporting Standards: UK GAAP IAS US FAS US GAAP Other _____

Ultimate Holding Company (if applicable): _____

Company Turnover (£ Millions): _____

Company Classification: Corporate Financial Institution Professional Body Public Sector

E. CURRENT APPOINTMENT

Job Title _____ Date Appointed (Month & Year) _____

Name & title of person to whom you report _____

Your position in hierarchy (counting board member responsible for finance as level one) _____

Company Organisational Chart (please indicate your position by underlining it. Begin at board level)

I certify that the information given above is correct

Signed (person to whom you report) _____

F. OTHER CURRENT APPOINTMENTS

Title(s) and names of organisations (with date appointed) _____
