

APPLICATION FOR CORPORATE MEMBERSHIP

(Please refer to Corporate Membership guidelines www.treasurers.org/membership/corporate.cfm)

Company Details

Company Name:

Exchange listing: (e.g FTSE100, SEC, NYSE):

and/or regulatory body:

Reporting Standards: UKGAAP IAS USFAS USGAAP Other

Nominated Representatives (maximum two)

Name (1) _____ Job Title (1) _____

Name (2) _____ Job Title (2) _____

HEAD OFFICE ADDRESS

.....
.....

Tel: _____ Fax: _____ Website: _____

TREASURY DETAILS

Size of Treasury
(headcount)

Location of Treasury

Industry Sector: (please tick one box only)

- | | |
|--|--|
| <input type="radio"/> Aerospace/Defence | <input type="radio"/> IT- ISPs, solution and e-business provider |
| <input type="radio"/> Agriculture/Forestry/Fishing | <input type="radio"/> Insurance |
| <input type="radio"/> Banking | <input type="radio"/> Legal Services |
| <input type="radio"/> Charities | <input type="radio"/> Local/Central Government Agencies |
| <input type="radio"/> Chemical Industry | <input type="radio"/> Media/Arts/Entertainment/Publishing |
| <input type="radio"/> Construction/Civil Engineering | <input type="radio"/> Mining/Oil/Gas |
| <input type="radio"/> Consultancy | <input type="radio"/> Other Manufacturing Industry |
| <input type="radio"/> Corporate Finance | <input type="radio"/> Other Service Industry |
| <input type="radio"/> Distributive Trades | <input type="radio"/> Personal Care & Household Products |
| <input type="radio"/> Education/Training | <input type="radio"/> Pharmaceuticals |
| <input type="radio"/> Electronics | <input type="radio"/> Post/Telecommunications |
| <input type="radio"/> Engineering/Machinery | <input type="radio"/> Printing/Packaging |
| <input type="radio"/> Financial Services | <input type="radio"/> Professional/Regulatory Body/Financial Institution |
| <input type="radio"/> Gas/Electricity/Water | <input type="radio"/> Property |
| <input type="radio"/> Health/Medical Services | <input type="radio"/> Public Accounting Practice |
| <input type="radio"/> Hotel/Catering/Leisure/Tourism | <input type="radio"/> Recruitment |
| <input type="radio"/> Housing Association | <input type="radio"/> Retail |
| <input type="radio"/> Industrials | <input type="radio"/> Textiles |
| <input type="radio"/> IT- hardware and software | <input type="radio"/> Transport/Shipping/Logistics |

Please give a brief description of the company's activities

Key Treasury, Corporate Finance and Risk Activities (please tick as appropriate):

- FX risk management including economic and accounting risk management
- Commodity risk management, comprising managing risks arising from one or more of oil, fuel, energy, base commodities, softs and metals, plus weather risks management
- Operational risk management and insurance
- Financial risk management advice either to third parties or within own organisation
- Liquidity management including interest rate management
- Cash forecasting, cash management and payments systems
- Debt management both long and short including, bank borrowing, syndicated loans, bond issues and swaps, derivatives and issuing commercial paper
- Management of bank relationships and counterparty risk management
- Specialist finance normally of a non or limited recourse basis, securitisation, factoring, PFI projects, acquisition, leveraged finance and sale and leaseback. Use of appropriate derivatives
- Corporate finance activity, cost of capital, funding internal businesses as well as M&A activity which includes disposals of businesses, capital restructuring, dividend policy and returns of capital
- Asset management, asset allocation, asset risk measurement, involvement in equities and/or bonds as well as cash.
- Pension fund risk assessment and advice to board
- Raising equity finance

Categories of instruments used within the last three years:

- | | | | | | | | | |
|--------------------------------|-------------------|--------------------------|---------------------|--------------------------|------------|--------------------------|-------------------|--------------------------|
| Bonds Issued: | Domestic | <input type="checkbox"/> | Eurobond | <input type="checkbox"/> | Hybrid | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Loans Negotiated: | Syndicated | <input type="checkbox"/> | Bilateral | <input type="checkbox"/> | Standby | <input type="checkbox"/> | | |
| ST Facilities arranged: | Commercial Paper | <input type="checkbox"/> | Revolving Credit | <input type="checkbox"/> | | | | |
| Other Financing: | Leases | <input type="checkbox"/> | Sale of Receivables | <input type="checkbox"/> | | | | |
| Derivatives: | IR Swap | <input type="checkbox"/> | CC IR Swap | <input type="checkbox"/> | FX Forward | <input type="checkbox"/> | FRA Interest Rate | <input type="checkbox"/> |
| | Commodity Future | <input type="checkbox"/> | Other Future | <input type="checkbox"/> | FX Options | <input type="checkbox"/> | Options | <input type="checkbox"/> |
| | Commodity Options | <input type="checkbox"/> | | | | | | |

How did you hear about ACT Corporate Membership?

- | | | | | | | | |
|-------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|-------------------------------|--------------------------|
| ACT Website | <input type="checkbox"/> | ACT Event | <input type="checkbox"/> | Personal Approach | <input type="checkbox"/> | The <i>Treasurer</i> Magazine | <input type="checkbox"/> |
| ACT Member | <input type="checkbox"/> | Promotional Mailing | <input type="checkbox"/> | Other (please specify) | | | |
-

TO BE COMPLETED BY THE FIRST NOMINATED CORPORATE REPRESENTATIVE

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

BUSINESS ADDRESS

Company Name _____

Job Title _____ Dept./Floor _____

Work Address _____

Postcode _____ Country _____

Office Telephone _____ Office Fax _____

Email _____ Website _____

Date of Appointment (month & year) _____

Main Treasury responsibilities _____

Name & Title of person to whom you report: _____

HOME ADDRESS

Home Address _____

Postcode _____ Country _____

Home Telephone _____ Email _____

THE ACT DIRECTORY

The ACT Members' Directory which is published in hard copy and electronic format, serves as a reference tool for ACT members' only. The information comprises the member's work contact details and with consent, personal telephone and email address.

Tick here to confirm approval of your ACT Directory entry to be published in: -
Electronic (password protected)
- Hard copy

Tick here if you wish your home email address to be included in the ACT Members' Directory

Tick here if you wish your home telephone number to be included in the ACT Members' Directory

Tick here if you wish your mobile telephone number to be included in the ACT Members' Directory

THE ACT DIRECTORY - TERMS OF USE

The printed and electronic versions of the Directory are published exclusively for the personal use of members and the data contained must not be communicated to anyone who is not a member of the ACT. It should not be used for the purpose of marketing a member's personal business or that of his employer or used for any form of mass communication.

Misuse of the information contained within the Directory constitutes a breach of the ACT's Ethical Code and is likely to result in disciplinary investigation.

The copyright in the Directory is reserved to the ACT

Tick here to confirm that you have read the Terms of Use as stated above and agree to abide by them

OTHER CURRENT APPOINTMENTS

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

SIGNATURE

I, the undersigned, hereby apply for election as a Corporate Representative of the ACT subject to the Rules and Regulations of the ACT from time to time being in force. I confirm that I have not been convicted of an offence involving dishonesty or breach of the Companies Acts, Financial Services Act or similar statute or had an adverse finding made against me by a professional body or by an official regulatory authority. (If this confirmation cannot be given, please delete it and give details in a separate confidential letter addressed to the Membership Services Manager I agree that, if elected as a Corporate Representative, I will abide by the ACT's Memorandum and Articles of Association and by the Ethical Code and other Rules from time to time made by the Council of the ACT.

Signature _____ Date _____

DATA PROTECTION

All or part of the information provided by you will be used for administration of your membership, to keep you up-to-date with ACT activities as well as for entries in the printed and online versions of the ACT Members' Directory.

REGIONAL GROUPS

If you would like to be included on the mailing list to attend Regional Group meetings, please choose up to two of the following:

- | | |
|----------------------------------|--|
| <input type="radio"/> Dublin | <input type="radio"/> Scotland |
| <input type="radio"/> London | <input type="radio"/> South West |
| <input type="radio"/> Midlands | <input type="radio"/> Thames Valley |
| <input type="radio"/> New York | <input type="radio"/> Yorkshire & Humberside |
| <input type="radio"/> North West | |

TO BE COMPLETED BY THE SECOND NOMINATED CORPORATE REPRESENTATIVE

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

BUSINESS ADDRESS

Company Name _____

Job Title _____ Dept./Floor _____

Work Address _____

Postcode _____ Country _____

Office Telephone _____ Office Fax _____

Email _____ Website _____

Date of Appointment (month & year) _____

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