

APPLICATION FOR ACT CORPORATE MEMBERSHIP

ORGANISATION DETAILS

Organisation name: _____

Head office address: _____

Postcode/Zip: _____

Tel: _____ Fax: _____

Website: _____

Nominated Representatives name and position (maximum six):

Name	Position

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/Building/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"/> Food/Drink/Tobacco | <input type="radio"/> Property |
| <input type="radio"/> Gas/Electricity/Water | <input type="radio"/> Public Accounting Practice |
| <input type="radio"/> Health/Medical Services | <input type="radio"/> Recruitment |
| <input type="radio"/> Hotel/Catering/Leisure/Tourism | <input type="radio"/> Retail |
| <input type="radio"/> Housing Association | <input type="radio"/> Textiles |
| <input type="radio"/> Industrials | <input type="radio"/> Transport/Shipping/Logistics |
| <input type="radio"/> IT- hardware and software | <input type="radio"/> Other (please specify)..... |

How did you hear about Corporate Membership? _____

Organisation structure (please give details where relevant):

(E.g. parent / subsidiary relationship; limited liability company, partnership, other etc)

Annual turnover (last financial year): _____

Total number of employees (approx): _____

Please give a brief description of the organisation's activities:

Stock exchange listing and / or regulatory body (where relevant): _____

Size of treasury team / department (if relevant): _____
(If no separate treasury function, please state job title of individual with responsibility for treasury management)

REASONS FOR APPLYING FOR ACT CORPORATE MEMBERSHIP

Please answer one of the following two questions:

1) Organisation with a treasury operation: Briefly outline key treasury, risk and / or corporate finance activities and highlight any areas where the organisation would benefit from access to the ACT's knowledge resources, best practice guidance etc:

2) Organisation without a treasury operation: Briefly outline the main reasons for applying for Corporate Membership:

ALL APPLICANTS: Successful applicants will be required to demonstrate an on-going commitment to the ACT, in particular, through support for the ACT's qualifications. Please outline any previous involvement with the ACT and any future commitments you would like to make (e.g. supporting employees through the ACT's qualifications, attending or speaking at events, joining committees or working groups etc):

DECLARATION AND SIGNATURE

By applying for Corporate Membership of the ACT, the organisation named above agrees to comply with, and ensure that its nominated representatives comply with, the ACT's regulations and Ethical Code (available at www.treasurers.org)

Signature: _____ Date: _____

Name: _____ Job title: _____

TO BE COMPLETED BY THE PRIMARY NOMINATED CORPORATE REPRESENTATIVE

PERSONAL DETAILS

Surname: _____ Date of Birth (dd/mm/yyyy): _____

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: Business Home

.....

BUSINESS DETAILS

Job Title: _____

Work Address: _____

Postcode/Zip: _____ Country: _____

Direct Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Main areas of responsibility: _____

Name & Title of person to whom you report: _____

.....

HOME DETAILS

Home Address: _____

Postcode/Zip: _____ Country: _____

Direct Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Please note, we cannot process your registration without a valid email address for your preferred mailing address.

.....

REGIONAL GROUPS

Corporate Representatives are invited to attend free ACT Regional Group events. Please select up to two of the following groups:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Ireland | <input type="checkbox"/> Scotland | <input type="checkbox"/> Yorkshire & North East |
| <input type="checkbox"/> London | <input type="checkbox"/> South West | <input type="checkbox"/> North West |
| <input type="checkbox"/> Midlands | <input type="checkbox"/> Thames Valley | <input type="checkbox"/> ACT Middle East Network |

ACT QUALIFICATIONS

Are you interested in enrolling on an ACT qualification? If yes, please tick:

Would you recommend the ACT qualifications to other members of your team? If yes, please tick:

If the answer to either of these questions is no, please state why:

Information on the ACT qualifications is available at <http://www.treasurers.org/qualifications>

The annual Corporate Representative fee will be waived for Representatives enrolling on an ACT qualification

THE ACT DIRECTORY

As a Corporate Representative your **business** details will be made available in the ACT Directory.

Tick here if you **do not wish to be included** in the Directory:

Tick here to **include** the following additional details: Mobile Home telephone Home email

TERMS & CONDITIONS

WE CANNOT ACCEPT YOUR APPLICATION FORM UNLESS YOU AGREE TO ABIDE BY THESE TERMS

The ACT Directory is published online, 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. **By signing below you agree to abide by the Terms of Use of the ACT Directory**

I apply for election as a Corporate Representative to 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. I am not subject to a bankruptcy order or had proceedings commenced against me, 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 Member Services Executive).*

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 ACT Directory.

TO BE COMPLETED BY ADDITIONAL NOMINATED CORPORATE REPRESENTATIVE

(Where further representatives are required – Maximum 6 individuals including the primary representative – Please copy and complete the next two pages as appropriate)

PERSONAL DETAILS

Surname: _____ Date of Birth (dd/mm/yyyy): _____

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: Business Home

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- Midlands
- Scotland
- South West
- Thames Valley
- Yorkshire & North East
- North West
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