

ACI FINANCIAL MARKETS ASSOCIATION

P O BOX 61855

MARSHALLTOWN

2107



APPLICATION FOR ASSOCIATED MEMBERSHIP

Full Name:	
Date of Birth:	
Employer's Name and Address:	
Current Position and Duties:	
Previous Employer/s:	
Period of Service in Financial Markets:	
Current Market Discipline i.e. (Forex/Money Markets/Capital Markets etc.):	
Previous Market Disciplines (if any) and applicable dates:	
Extramural activities and /or hobbies:	
Expectations from membership:	
Declaration by the candidate	
The undersigneda candidate for admissions as a member, undertake to be honour bound, to respect, in letter and spirit, the Statutes of ACI-South Africa, Charter of the ACI as well as its Code of Conduct.	
The undersigned declares more particularly to take all possible measures to give his profession the importance it rightfully deserves by displaying exemplary correctness in business and dignity in all circumstances.	
Candidates signature & date:	
Sponsors name and signature	
1. Name	Signature
2. Name	Signature
<i>The sponsors hereby certify, under their responsibility, that the candidate meets the requirements necessary for the membership category being applied for.</i>	