



AFMA OPERATIONS ACCREDITED INDIVIDUAL Application

For an explanation of the following application form please refer to the Accreditation Policy manual or contact the Accreditation Representative within your organisation.

PLEASE NOTE THAT YOUR AFMA MEMBER ORGANISATION MUST AUTHORISE AND RECOMMEND YOUR APPLICATION.

(Please complete this form in BLOCK CAPITALS)

STEP 1: Personal Details

Mr / Mrs / Miss / Ms Surname

First Name Second Name

Position (Job Title)

Organisation Name

Organisation Address

Postal Address

Work Phone Home Phone

Email Work Fax

STEP 2: Application Requirements

Applications for AFMA Operations Accreditation Status will be accepted from employees of full AFMA Members only. To be eligible for status, candidates are required to have met the following criteria. Please tick the appropriate box to indicate that the criteria have been met.

1. participate (or manage those that do so) in the processing of financial markets transactions within the financial markets. These processing tasks/ responsibilities include:
 - Confirmation
 - Risk Management/Measurement
 - Settlement
 - Accounting
 - Investigation
 - Credit/Market/Operational Risk Assessment
2. have a minimum 6 months experience in financial market operations (as defined above); and
3. have been recommended by their employer, a Member of AFMA; and
4. have successfully completed all requirements of the AFMA Operations Accreditation Program; and
5. commit to undertake appropriate annual Continuing Education activities (as detailed in these Guidelines).

STEP 3: Signatories

Please note that your AFMA Member organisation must recommend your application for Accredited Individual Status. Please ensure that the following declaration is signed and completed by yourself and the Accreditation Representative. Once completed the form should then be forwarded to AFMA.

Applicant

I confirm that the information supplied in this application is complete and correct.

Applicant Signature Date

Member Organisation

As the Accreditation Representative, I recommend the above candidate's application and acknowledge that all declarations provided are true and accurate. I also confirm that I have read and understood the Accreditation Policy manual.

Signed on behalf of the AFMA Member Organisation

Name Title

Signature Date

STEP 4: Application Submission

Forward your completed form to: **Email:** education@afma.com.au; **Fax** (02) 9776 4488; **Post** GPO Box 3655, SYDNEY NSW 2001

Upon approval by the AFMA Accreditation Board, successful candidates will be forwarded a 'Certificate of Accreditation' as acknowledgment of their AFMA Operations Accreditation Status.

Australian Financial Markets Association

ABN: 69 793 968 987

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