



# AFMA Membership Enquiry Form

## Organisation Details

Name of organisation: \_\_\_\_\_

ABN: \_\_\_\_\_ AFSL: \_\_\_\_\_

Are you an Authorised Deposit-taking Institution:  Yes  No

Parent organisation: \_\_\_\_\_ Parent's equity (%): \_\_\_\_\_

Relationship to parent (*sub, branch, joint venture*): \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Main telephone: \_\_\_\_\_ Web address: \_\_\_\_\_

## Business Activity

Does your organisation engage in any of the business activities listed below:

- |  |  |
|--|--|
| ▪ Foreign Exchange ( <i>Spot, Forwards, Swaps, Options</i> )               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Interest Rates ( <i>Bank Bills, Bonds, OIS, IRS, CDS, IRO, Futures</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Equities ( <i>Cash, Derivatives, Warrants, CFDs</i> )                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Commodities ( <i>Energy, Metals, Softs</i> )                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Capital Markets ( <i>Equity, Debt</i> )                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Corporate Advisory ( <i>Mergers &amp; Acquisitions</i> )                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Custody ( <i>Sub, Global, Master</i> )                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What numbers of staff are engaged in the business activities listed above: \_\_\_\_\_  
(including all front office, middle office and operational staff)

## Contact Us

Please return this form to the AFMA Membership Team via [membership@afma.com.au](mailto:membership@afma.com.au).