

eficert Member Application Form

CONTACT INFORMATION		
Organization Name		Website
Address		
City	Postcode	Country
Surname	First name	Title
E-mail	Telephone	Fax
BUSINESS INFORMATION		
1) Who are the organizations' members? Are they private persons or are they companies? From which countries?		
2) How are the members structured?		
3) Are your services addressing both the banking industry as well as the insurance industry? Please state the proportional distribution.		
4) How is your organization funded?		
5) How is your organization linked to the industry and regulators/supervisory bodies?		
6) Which role does your organization play in the political lobbying of the industry in your country as well as in the EU?		
7) In which countries are services provided?		
8) Additional Information		



Date	Signature