

APPLICATION FORM

The present application is based on an identification form and on a commitment of the applicant (company) to the Association. Membership, which is subject to agreement by the Management Committee, is yearly and will take effect upon payment of the membership fee.

Information details requested hereafter shall be provided by:

- the legal representative of the company,
 - the general representative for France where the company is a branch of a foreign company,
 - the managing director of a foreign registered company,
 - the applicant himself for an individual membership.
-

Name Firstname

Nationality

Position within the company

Email

Phone number

Company name

Address

Main activities carried out by the company.....

Web site

The undersigned acknowledges to be fully informed of the statuses and of the internal regulation of APREF and agrees that his company or himself will comply with them.

He applies for the year 20__ on behalf of his company or for himself as* :

- a member (carrying out active reinsurance, more than 50% non-group),
- an associate member (other reinsurance-related activities),
- associate member – individual (not working for an entity defined above).

In..... on

Signature

* please delete non relevant lines.



ASSOCIATION DES PROFESSIONNELS DE LA RÉASSURANCE EN FRANCE

Please return this application form to APREF:

By email:

JSZMARAGD@scor.com

Or by mail:

M. Jean-Marc Szmaragd
Secrétaire général de l'APREF
SCOR
5 avenue Kléber
75795 Paris Cedex 16

You will receive a confirmation of your membership and a payment request.

We thank you for showing interest in APREF.