

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, takes effect on 1st January. It implies the payment of an annual membership fee in accordance with the fee schedule agreed upon by the Association Annual General Meeting.

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 yearon behalf of this 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 : rosy.laurent@apref.org

Or by mail :

APREF

A l'attention de Madame Rosy Laurent

Secrétaire Général de l'Apref

26 boulevard Haussmann - 75009 Paris

Upon reception of the required data, you will receive a confirmation of your membership.

We thank you for showing interest in APREF.

Le secrétariat APREF