



Membership Application Form

Application for *Student Membership**

Details of Applicant

Surname:

Name: Mr/Mrs/Ms/Dr

Address:

.....

..... **Post Code:**

I.D. Card No.: **E-Mail:**

Tel. Home: **Tel. Office:**

Mobile: **Fax:**

Qualifications

<i>Date Qualified</i>	<i>University/Professional Body</i>	<i>Designatory Letters</i>

*Full-Time Students are being offered a reduced rate of €30.



To the Institute of Financial Services Practitioners,

I hereby apply for admission to membership of the Institute and enclose herewith the sum of €30 covering the annual subscription to 31 December.

I declare that the information included in this application is accurate.

I hereby undertake that so long as I remain a member of the Institute, I will observe and abide by the provisions of the Statute, Code of Ethics, Byelaws and Regulations of the Institute, which are in force from time to time.

Date: **Signature:**

Payment Details:

Cheques of €30 should be made payable to IFSP and sent to IFSP, P.O. BOX 37, Valletta VLT 1000.

OR

Via Bank Transfer, please use the following details: -

HSBC account

Bank account number: 027-039957-001
Account name: The Institute of Financial Services Practitioners
IBAN: MT37 MMEB 4427 7000 0000 2703 9957 001
SWIFT code: MMEBMTMT

Bank of Valletta account

Bank account number: 400 242 1080-7
Account name: IFSP
IBAN: MT44VALL 2201 3000 0000 4002 4210 807
SWIFT code: VALLMTMT