



AFFILIATION DOCUMENT

Last name and first name:

Place and date of birth:

Nationality:

Employer:

Function:

Address:

Postal code:

Town:

Direct phone:

E-mail address:

Previously affiliated to ACI Belgium by (name of the employer):

Previously working for (name of the employer, function and dates please):

I want to become a member and declare to know the statutes, which I agree with.

Signature:

To be filled in by a director.

I certify that the above mentioned person is working in our institution in a function related to Financial Market Activities.

The Direction

Signature "A":

Name:

Title:

Please return this document to:

Marc De Bosscher–BNP Paribas Fortis–ALM & Treasury–IKB0A–Rue Royale 60-68, 1000 Brussels. E-mail: marc.debosscher@bnpparibasfortis.com or aci@acibelgium.be