



# AFMA AML/CTF ACCREDITED INDIVIDUAL STATUS

## Application for Transfer

Please complete the following details if you wish to transfer your Accredited Individual status from one member organisation to another.

**PLEASE NOTE THAT YOUR NEW AFMA MEMBER ORGANISATION MUST AUTHORISE AND RECOMMEND YOUR APPLICATION.**

*(Please complete this form in BLOCK CAPITALS)*

**STEP 1: Personal Details**

Mr / Mrs / Miss / Ms Surname .....

First Name ..... Second Name .....

Home Phone .....

**STEP 2: Previous Employer Details**

Organisation Name.....

Organisation Address .....

**STEP 3: New Employer Details** *(please complete all fields)*

Position (Job Title) .....

Organisation Name.....

Organisation Address .....

Postal Address .....

Work Phone ..... Work Fax .....

Email .....

**STEP 4: Signatories**

Your new AFMA Member organisation must authorise and recommend your Application for Transfer of Accredited Individual status. Please ensure that the following declaration is signed and completed by yourself and the Accreditation Representative.

Applicant

I confirm that the information supplied in this application is complete and correct.

Applicant Signature ..... Date .....

New Employer

As the Accreditation Representative, I recommend the above candidate's application and acknowledge that all declarations provided are true and accurate.

Signed on behalf of the AFMA Member Organisation

Name ..... Title .....

Signature ..... Date .....

**STEP 5: Application Submission**

Forward your completed form to: **Email:** education@afma.com.au; **Fax** (02) 9776 4488; **Post** GPO Box 3655, SYDNEY NSW 2001

Australian Financial Markets Association

ABN: 69 793 968 987

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