



AFMA AML/CTF ACCREDITED INDIVIDUAL STATUS Application

For an explanation of the following application form please refer to the Accreditation Guideline document or contact the Accreditation Representative within your organisation.

PLEASE NOTE THAT YOUR 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
Position (Job Title)
Organisation Name.....
Organisation Address
Postal Address
Work Phone Home Phone
Email Work Fax

STEP 2: Application Requirements

Applications for AFMA AML/CTF Accredited Individual Status will be accepted from employees of full AFMA Members only. To be eligible for status, candidates are required to have met the following criteria. Please tick the appropriate box to indicate that the criteria have been met.

- 1. have a minimum of six months industry experience; and
- 2. have at least 50% of their role directly responsible for AML/CTF compliance; and
- 3. have been recommended by their employer, a Member of AFMA; and
- 4. have successfully completed all requirements of the AFMA AML/CTF Management or the AML/CTF Graduate Program and the Professionalism : Conduct and Ethics course; and
- 5. commit to undertake appropriate annual Continuing Education activities (as detailed in these Guidelines).
- 6. commit to conduct themselves in accordance with the AFMA Code of Conduct

STEP 3: Signatories

Please note that your AFMA Member organisation must recommend your application for Accredited Individual Status. Please ensure that the following declaration is signed and completed by yourself and the Accreditation Representative. Once completed the form should then be forwarded to AFMA.

Applicant

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

Applicant Signature Date

Member Organisation

As the Accreditation Representative, I recommend the above candidate's application and acknowledge that all declarations provided are true and accurate. I also confirm that I have read and understood the Accreditation Guideline document.

Signed on behalf of the AFMA Member Organisation

Name Title

Signature Date

STEP 4: Application Submission

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

Upon approval by the AFMA Accreditation Board, successful candidates will be forwarded a 'Certificate of Accreditation' as acknowledgment of their Accredited Individual Status.