

Association of Finance Brokers

Your Membership Application



Your firm's details

Full company name			
Contact name		Job title	
Telephone number		Email address	
Managing Director / CEO (if different from above)			
Address			
Postcode		FCA Number	
Are you a member of a network? please tick		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which network?			

Your firm's members

How many secured lending staff do you have? Please include all subsidiaries, branches and appointed representatives.	
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By secured lending staff, we mean all those involved in the arranging of secured loans including underwriters, sellers, processors, administration and processing support, compliance and T&C, but excluding contact centre staff who may conduct initial contact calls and screening questions.

Please provide the name of each member of staff and their email address. This will ensure that all of your staff receive our e-mails and information updates. Please advise us when staff leave or join.

If you require more space, please continue on a separate sheet or send us the information by e-mail to info@a-m-i.org.uk, this could be by attaching a spreadsheet file. Please make sure to include your firm and contact details in case we need to contact you.

Name	Email address

Continued Overleaf.

Your payment

Monthly Direct Debit

Annual Cheque

Your commitment to us

I/We confirm that the information given here is true and accurate and I/we understand that the submission of misleading information may lead to the refusal of the application or subsequent cancellation of membership.

I/We undertake to observe the provisions of the Memorandum and Articles of Association and such membership regulations of the Association of Finance Brokers as may, from time to time, be laid down by the Board of the Association. I/We can request a copy at any time.

I/We understand that AFB may wish to use any personal data contained in this form or subsequently obtained during the course of its activities and may disclose such data to approved third parties. By signing this application, I/we consent to such processing.

I/We acknowledge that should I not wish data to be disclosed to third parties (save those with whom it is necessary for AFB to share such data) I may indicate this by ticking this box.

Your signature

Signature

Date

Director

Partner

Sole Practitioner

Our fees

1 - 10 Secured lending staff £330

11 - 50 Secured lending staff £600

51 - 99 Secured lending staff £1,200

100+ Secured lending staff £2,500

Next steps

Please complete and return the application form with your Direct Debit mandate or cheque to the Membership Officer at Association of Finance Brokers, 2nd Floor, Midsummer Court, 314 Midsummer Boulevard, Milton Keynes, MK9 2UB

Association of Finance Brokers
2nd Floor, Midsummer Court, 314 Midsummer Boulevard, Milton Keynes, MK9 2UB
Tel: 01908 847021 | Email: info@a-m-i.org.uk

AFB is a trading name of The Association of Mortgage Intermediaries Limited which is a company limited by guarantee, registered in England and Wales under the Companies Acts with number 7982341. Registered Office: 5 Corunna Court, Corunna Road, Warwick, CV34 5HQ.



Association of Mortgage Intermediaries

Please fill in the whole form including official use box using a ball point pen and send it to:

AMI
2nd Floor
Midsummer Court
314 Midsummer Boulevard
Milton Keynes
MK9 2UB

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer.

Instruction to your bank or building society to pay by Direct Debit

Service User Number

2	8	2	1	7	1
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FOR PSL re AMI OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society. Important – Please complete these details:	
Account Holder(s) Name & Address:	
Name:	
Address:	
	Postcode:
Email Address:	

Instruction to your bank or building society

Please pay PSL re AMI Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re AMI and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re AMI will notify you five (5) working days in advance of your account being debited or as otherwise agreed. If you request PSL re AMI to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re AMI or your bank or building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when PSL re AMI asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building Society. Written confirmation may be required. Please also notify us.