



LUXEMBOURG INSURANCE  
AND REINSURANCE ASSOCIATION

## MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBER

### COMPANY

Name of the company:

Date of foundation:

Phone:

Official website:

Registered Office:

Trade register:

Number of employees:

### REPRESENTATIVE

Name of the representative:

Phone:

E-mail:

Address (private):

Country:

Name of the contact person for ACA (if different):

Phone:

E-mail:

Address (private):

Country:

### BUSINESS LINES

Activities	Luxembourg	Other markets

## MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBER

### MOTIVATION TO JOIN ACA

### SIGNATURE

Signature of the representative:

Date:

### Mandatory:

Applications for membership to ACA are submitted in writing to the Chairman and admission is decided by the ACA Board of Directors. With your application, you will need to submit a number of standard corporate documents:

- a copy of the company's articles of incorporation
- a copy of the contact person's ID
- a supporting documentation (ppt, word, pdf or other) describing your activities

The legal entity mentioned above and applying for admission as associate member of ACA undertakes formally and expressly not to mention or use in the course of its professional activity the personal information or data it has obtained or to which it has had access in its capacity as or under its status as an associate member of ACA.