

## Member Information and Application Form

Please complete this form and return it in the reply paid envelope provided.

It is important that you read and understand the section entitled 'Your information' on the reverse of this application form. By signing this application, you agree that we can use your information in this way.

### Application to register as Member - Part 1

(Please complete the entire Application Form, leaving no blanks)

Company Name:	<input type="text"/>	Co. Reg. No:	<input type="text"/>
CCL No.:	<input type="text"/>	P.I. Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Data Protection Licence No: <input type="text"/>
Full Business Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>
Full name of principal:	<input type="text"/>	Date business established (Date of incorporation):	<input type="text"/>
Please provide the names of two <b>Nationally Recognised Organisations</b> that have provided finance for your clients during the last 12 months:			
1. Name:	<input type="text"/>	2. Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Contact:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
	<input type="text"/>	Contact:	<input type="text"/>

### Application to register as Member - Part 2

Name of Bankers:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Account No.:	<input type="text"/>
	<input type="text"/>	Sort Code.:	<input type="text"/>
Please note that the cost of the reference is the responsibility of the applicant.			
<b>Details of individuals to be registered</b>			
Private Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Previous Address in last six years:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Date of birth:	<input type="text"/>	Date of Joining Company:	<input type="text"/>
Please use supplementary sheets where extra space is required. All individuals <b>MUST</b> sign the Declaration and Your Information sections of the form.			

### Please enclose the following with your completed application form:

- A short Curriculum Vitae
- A copy of a Photo Card Driving Licence or Passport and one recent utility bill.
- A copy of your Data Protection Licence
- A copy of your Consumer Credit Licence
- Evidence of having existing Professional Indemnity Cover (optional)
- 2 Funder references

(For new start businesses please submit 2 references from your previous employers)

## Application to register as Member - Part 3

### DATA PROTECTION ACT 1998

- We (AVFB or its group subsidiaries - "AVFB") will keep, securely, and for as long as we are required by law to do so, details we hold about you for the purposes of the effective regulation of the affairs of AVFB.
- In order to process your application we will disclose your details to licensed credit reference agencies, to your Bank, and to Members and Patrons of the AVFB, to enable us to search their files in order to process your application for Membership (or to update such information from time to time). If you would like details of such agencies please write to us. If false statements are as a consequence revealed we will record this fact.
- Following approval of your application we will circulate (including, potentially, via the AVFB website) such details we may hold about you to other Members of AVFB in order to communicate information, products or services relevant to your membership of AVFB **as well as** to such third parties as AVFB considers, at its discretion, to be in the best interests of its members and their businesses.
- **If you do not want us to circulate your details for these purposes please tick this box:**
- You have the right to apply to AVFB for any personal information we may hold about you. An administrative charge may be made.

## Application to register as Member - Part 4

### YOUR INFORMATION

**The AVFB will now attempt to verify your identity. This process involves checking the details you supply against those held on a number of specific databases Experian - the credit reference agency - has access to, for example information from the Electoral Register and fraud prevention agencies. Scoring methods will be used in the verification process as this gives a more thorough check of the available data. A record of this process will be kept that may be used to help other companies to verify your identity. We may also pass information to organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you supply false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations. By signing below you are agreeing for the AVFB to use your data in this way.**

### DECLARATION

- I hereby make application for election as a Member of the Association for a period of twelve months.
- I declare that the information given above is true to the best of my knowledge and belief.
- I declare that there are no circumstances of which the National Executive should be aware which may adversely affect the consideration of this application or my suitability for Membership. (Such circumstances include any adverse credit history registered against any individual or company in which I am a Director or controlling Shareholder and in any way connected to this application e.g. liquidation, bankruptcy, receivership, County Court Judgments, arrangement with creditors).
- I understand that registration as full Members will be granted at the absolute discretion of the National Executive, who are under no obligation to give any reason or explanation should Membership be declined.
- I agree to provide on demand at any time copies of any documents that may be required to establish my suitability as a vehicle finance broker.
- I agree to provide on demand at any time copies of any documents that may be required to assist in any investigation being carried out by the National Executive.
- **If elected I/we agree to abide by the AVFB Code of Practice as revised from time to time, and acknowledge the statements contained in Part 3 covering the Data Protection Act 1998.**

Signed:

Name:

Date: