Mr. Abdulla Abdin
President
Africa & Middle East Central Depositories Association – AMEDA
Egypt

AFFILIATION APPLICATION

Date:

Dear Mr. President:

With regard to the affiliation of our company in AMEDA, please accept the proposition of *COMPANY NAME* to become an affiliate member in the AMEDA.

We shall be looking forward to hearing from you concerning the General Assembly decision for the proposal for Associate Membership of AMEDA.

Best Regards,

Name Title Please complete the following fields:

(1)	Institution name	
(2)	Application as	
(2a)	Full Member	
(2b)	Associate Member	
(3)	Main contact at your institution for AMEDA relationship	
(3a)	Mr. / Mrs.	
(3b)	Last name	
(3c)	First name	
(3d)	Job title	
(3e)	Department	
(3f)	Tel-number (direct)	
(3g)	Tel-number (Mobile)	
(3h)	Fax-number	
(3i)	E-mail	
(4)	Physical Address	
(4a)	Building number	
(4b)	Street address	
(4c)	Postal Code	
(4d)	City	
(4e)	Country	
(5)	Postal Address	
(5a)	Building number	
(5b)	Street address	
(5c)	Postal Code	
(5d)	City	
(5e)	Country	
(6)	Billing Information	
(6a)	Mr. / Mrs.	
(6b)	Last name	
(6c)	First name	
(6d)	Job title	
(6e)	Department	
(6f)	Tel-number (direct)	
(6g)	Tel-number (Mobile)	
(6h)	Fax-number	
(6i)	E-mail	
(6j)	Building number	
(6k)	Street address	
(6l)	Postal Code	
(6m)	City	
(6n)	Country	