| WAMLA Membership Application | | |
| --- | --- | --- |
| Institutional Information | | |
| Name: | Date registered: | Phone: |
| Fax: | Email: | Website: |
| Registration address: | | |
|  | | |
| City: | State: | ZIP Code: |
| Mailing address(if different): | | |
|  |  |  |
| City: | State: | ZIP Code: |
| Business Information | | |
| What is your business? | | |
| How do you operate your business? | | |
| How will you contribute to world AML research? | | |
| Who regulate you? | | |
| How your institution is organized? ( about employee, framework, branches….etc. ) | | |
| UBO Information | | |
| Name of holder with shares more than 25%: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| Phone: | E-mail: | Fax: |
| Name of holder with most shares more than 5% (if different from above): | | |
| Address: | Phone: |  |
| City: | State: | ZIP Code: |
| Relationship: |  |  |
| Phone: | E-mail: | Fax: |
| Declaration | | |
| I declare that the information I have given is truthful and correct. | | |
| Signature of applicant: | | Date: |
| Signing address: | | |