| 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: |