



MEMBERSHIP FORM

Name:	
Address:	
Tel:	
Mobile:	
Email:	
Current Employer	
Brief details of any NED positions	
Current Job Title/Role:	
Length Of Time In Current Role:	
Details Of Qualifications Held	
Main area of interest	TCS / FSB / IB / Banking / Compliance / Audit / Legal / Tax
Reasons for joining	CPD / Networking / Socialising
Please tick if you would be interested in joining the JADO Committee or a Sub-Committee	<input type="checkbox"/>
Please tick if you would consider presenting a CPD session for our members	<input type="checkbox"/>
Do you consent to your name (<u>NB name only, no personal contact details</u>) being included on the members' only portal on the JADO website to enable member to member communication?	<input type="checkbox"/>

Please note that JADO's Privacy Policy can be found at <http://www.jado.je/privacy-policy>



I confirm that I am (please tick relevant box(es)):

<input type="checkbox"/>	An individual who acts or has acted (in the last three years) as a director of a Jersey company
Please provide company name:	
<input type="checkbox"/>	An individual who acts or has acted (in the last three years) as an alternate director of a Jersey company
Please provide company name:	
<input type="checkbox"/>	An individual who acts as an officer to a Jersey company, including Money Laundering Reporting Officers, Money Laundering Compliance Officers and Compliance Officers
Please provide company name:	
<input type="checkbox"/>	An individual who is a Partner in a partnership, or holds a senior leadership position in a partnership, for example law firms and accountancy practices with a substantive Jersey connection
Please provide partnership name:	
<input type="checkbox"/>	An individual who holds a senior leadership position in a company or public body with a substantive Jersey connection
Please provide company/public body name:	
<input type="checkbox"/>	An individual who has subscribed to the Association's education programmes
<input type="checkbox"/>	An individual who holds a senior leadership position in a Jersey not for profit organisation
Please provide organisation name:	
<input type="checkbox"/>	I do not meet any of the above criteria. However I would like the Committee to consider my application on the following basis:

I confirm that I have had no disciplinary sanctions imposed on me by any supervisory authority or professional body; and I confirm that I have no unspent convictions for any offence under the legislation of any country.

SIGNED:

DATED:

Please see overleaf for payment instructions

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Please return the completed, signed application form to aimee@amtopmsecretarial.com:

Aimee Maskell
19 Netherby Court
La Ruelle Es Ruaux
St Peter JE3 7YQ

Please pay on line to: HSBC Account Number:
22583747 Sort Code: 40-25-34 or set up a standing order
(kindly notifying the Secretary by email at
aimee@amtopmsecretarial.com that you have done so).
Alternatively send a Cheque for £150 (payable to JADO)

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