

# International Forum of Insurance Guarantee Schemes (IFIGS) Membership Application

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Please complete form and return to Josée Rheault at [jrheault@assuris.ca](mailto:jrheault@assuris.ca).

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Website: \_\_\_\_\_

Representative

Contact Person if Different

Name: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

**Membership** - Please check the appropriate box as defined in the Terms of Reference:

Full Member:

Associate Member:

Observer:

**Mandate of Organisation:** Please provide a brief description of your organisation's mandate and attach it to this form.

I have read and agree with the attached International Forum of Insurance Guarantee Scheme's Terms of Reference.

Authorised Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_