

Application to transfer from to

Membership number.....

Family name.....

Other names.....

Email address.....

Please attach copies of all examination certificates and any further membership certificates passed since admission to Membership with the Institute, as well as a current job description and an up to date CV.

If self employed, please attach a copy of your letterhead and state how long you have been self employed.

This application is to upgrade my level of Membership with the IFA. I confirm I have taken further examinations as shown above and/or have the additional work experience for this transfer to be accomplished. I certify that all the statements in support of my application are to the best of my knowledge, true and complete. I declare that I have not been debarred from membership or subject to any disciplinary proceedings by any professional body.

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to the third parties for the promotion of goods and service. All rights, duties and responsibilities under the Act are acknowledged.

If you do not wish to receive other information from the Institute or a third party, please tick []

If you give permission for your personal details to be divulged at the request of a bank manager or prospective employer, please tick []

Signature.....

Date.....

METHOD OF PAYMENT

I enclose the Transfer Fee of £51.00

Total to charge: £51.00

Cheque (*made payable to IFA*) or Credit/Debit Card

Credit/Debit Card Details (*please circle type of card*). Please note we do not accept any other cards.

Visa Visa Electron Maestro Solo MasterCard

Card No

Start Date Expiry Date Issue No (*if applicable*)

3 Digit Security No (*shown on signature strip*).....

Name of Cardholder

Signature of Cardholder