



## MEMBERSHIP APPLICATION

The Directors  
Operational Risk Consortium Limited  
51 Gresham Street  
London  
EC2V 7HQ

Date:

Dear Sirs

**Application for Membership of Operational Risk Consortium Limited (*the Consortium*)**

1. We hereby irrevocably apply to become a member of the Consortium in consideration for the payment, by us, of £15,000+VAT.
2. We request and authorise the Consortium to enter our name in the register of members of the Consortium. We understand that by completing and returning this application, we agree to become a member of the Consortium, and be bound by the terms of the Memorandum and Articles of Association, and the Rules of the Consortium.
3. We undertake to pay to the Consortium the amount set out in paragraph 1 above within 45 days following the date of our admission as a member of the Company.

Yours faithfully

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duly authorised

on behalf of

## SCHEDULE

CONTACT INFORMATION	
a) Name of Company	
b) Registered Address	c) Address for Correspondence (if different from (b))
d) Contact Name	e) Telephone Number
f) Fax Number	g) E-mail Address