

Associate Member Declaration

I hereby confirm that:

- | | <i>Tick</i> |
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| 1. The information provided in my application complete and accurate to the best of my knowledge; | <input type="checkbox"/> |
| 2. I have no objection to CIIPA contacting other professional, regulatory or educational bodies, at any time during my membership, to confirm that I am in good standing or any other information relevant to my associate membership; | <input type="checkbox"/> |
| 3. I have no objection to CIIPA confirming the current status of my membership with CIIPA to third parties upon receipt of a written request from such third parties; | <input type="checkbox"/> |
| 4. I have never been excluded from membership of a professional body on disciplinary grounds; | <input type="checkbox"/> |
| 5. I have never been subject to a disciplinary order by any professional body; | <input type="checkbox"/> |
| 6. I have never been declared bankrupt in any jurisdiction; | <input type="checkbox"/> |
| 7. I have never been convicted of a criminal offence in any jurisdiction; | <input type="checkbox"/> |
| 8. I am aware that certain information I have provided will be maintained on an electronic database for the purposes of administering CIIPA's membership activities and that this data will reside on the server of a third party service provider, which may be located outside the Cayman Islands; | <input type="checkbox"/> |
| 9. I agree to notify CIIPA of any changes to the information provided in this form occurring after submission and before approval of my application and thereafter for as long as I am registered. | <input type="checkbox"/> |

Exceptions

In the case of any exception(s) to the declarations above, provide details in a cover letter to the application. The Council will, at its sole discretion, determine whether the exception should preclude the granting of membership.

Print Name:

Signature:

Date:

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