



ASSOCIATION DES PROFESSIONNELS DE LA RÉASSURANCE EN FRANCE

APPLICATION FORM

This form is made of the undertaking that the applicant company must agree for the current financial year. Membership is yearly and must be approved by the Management Committee. Membership will take effect upon payment of the membership fee.

The information requested hereafter should be provided by the legal representative of the company in question, the general representative for France for cases where the company is a branch of a foreign company or the general manager for cases where the company is established abroad.

Last name First name

Nationality.....

Duties carried out within the applicant company

Company

Address

Main activities of the company

The undersigned declares to have been informed of the articles of association and internal rules of procedure of the APREF and agrees that his company will comply with these. He will represent his company during 2007 as:

- a member* (if carries out active reinsurance, more than 50% non-group business)
- an associate member* (if other reinsurance-related activities)
- an associate individual member*

* choose the right mention linked to your activity

In on.....

Signature

Please return this pack to the APREF:
Mr Jean Marc Szmaragd
General Secretary for the APREF
SCOR
1 avenue du général de gaulle
92074 Paris La Défense

Head office: c/o CCR– 31 rue de Courcelles – 75008 Paris

Secretariat: c/o J-M SZMARAGD – SCOR – 1 av. du Général de Gaulle – 92074 Paris la Défense Cedex

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