BAI REPRESENTING ALTERNATIVE INVESTMENTS

MEMBERSHIP APPLICATION

Bundesverband Alternative Investments e.V. (BAI)
Poppelsdorfer Allee 106, 53115 Bonn

Details of applicant and contact persons for the association:

Company Name and legal form: _____

Website of Company: _____

Company established in: _____ Headoffice _____

Actual number of employees: _____ thereof in the AI space: _____

Actual AuM in EUR: _____ thereof in the AI space: _____

1. contact person for the BAI:

Last name: _____ First name: _____ Title: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Position: _____ Tel.: _____ Email: _____

2. contact person for the BAI:

Last Name: _____ First Name: _____ Title: _____

Position: _____ Tel.: _____ Email: _____

Field of activities

☐ Administrator　　　☐ Asset Manager (Illiquid Assets)

☐ Asset Manager (Liquid Assets)　　☐ Consulting

☐ Investment Advisor　　☐ IT/Riskmanagement/Fintech ☐ Legal/Tax/Audit

☐ Master/ Service KVG　　☐ Placement Agent　　☐ Custodian

☐ Others: _____

Existing registrations:

☐ BaFin　　　☐ FCA　　　☐ CFTC/ NFA: _____

☐ SEC　　　☐ FINMA　　☐ Member of an Exchange: _____

☐ Other:_____　　☐ Copy of the registration certificate is attached

Details of management

Please enclose the CV's of the management board!

Please check the following boxes when applicable:

☐　Actual copy of company registration form is attached

☐　The applicant recived the actual version of the BAI statues and is aware of its content.

☐　Detailed information on the company and when applicable of its financial products are attached to the application.

Membership fee:

The membership fee for the BAI is EUR 4,500 p.a.. For a company admitted as a member during an ongoing business year, the fee is calculated on a monthly basis pro rata temporis. The fee has to be paid within two weeks after receipt of the invoice.

References

Please name two references (if possible at least one institutional Investor), which the BAI can contact with your approval:

Reference No 1:

Company name: _____

Name of contact person: _____

Position: _____ Tel.: _____

Reference No 2:

Company name: _____

Name of contact person: _____

Position: _____ Tel: _____

Further References:

Company name: _____

Name of contact person: _____

Position: _____ Tel: _____

_____   _____
Place, Date   Signature of general manager <u>and</u> of the contact person
                                          for the association