

THE CAYMAN ISLANDS DIRECTORS ASSOCIATION LTD

MEMBERSHIP APPLICATION FORM B

(For applicants who are not employed by a CIMA regulated entity)

PRIVATE AND CONFIDENTIAL

(Please complete and send by email to ims@candw.ky or by fax to 947 7328)

1. Applicant's name and address:

Name:

Address

Phone:

Fax:

Email:

2. Name and Address of Employer:

Name:

Address

Phone:

Fax:

Email:

(Please tick if self employed: _____)

3. Date of Birth: _____

4. University degree (if any) _____

Name and Country of University _____

Professional qualifications (if any) indicating issuing country

5. Please tick one:

Caymanian status _____ Resident _____

Resident with right to work _____ Work permit holder _____

6. I hold office as a director of the company with whom I am employed _____

I hold myself out to act as a director of hedge funds _____

I hold myself out to act as a director of insurance companies _____

I hold myself out to act as a director of SPV's _____

Other - please describe _____

(Please check all as appropriate - this information is only required in order to ascertain your interest in any committees that may be formed)

I hereby apply for membership in the Cayman Islands Directors Association Ltd. (Association) and if accepted do hereby agree to contribute to the assets of the Association such sum as may be required but not exceeding one Cayman Islands Dollar (CI\$1.00). I also agree to abide by the articles of association of the Association and any code of conduct or statement of best practice as may be issued by the Association from time to time. I confirm I am a director of one or more Cayman registered companies.

Signature of applicant

Date

EXISTING MEMBERS' ENDORSEMENT

Date

We _____ and _____

do hereby declare we are duly admitted members of the Association. We hereby declare

_____ to be a fit and proper person to be accepted as

a member of the Association.

Signature

Signature