

## Membership Application

The undersigned hereby requests enrollment as a member of

- ALEF, Association Luxembourgeoise d'Etudes Fiscales Groupement luxembourgeois de l'IFA: and
- International Fiscal Association (IFA) in Rotterdam, The Netherlands.

## Category:

0	Na	tural person	O Legal person	
	<ul> <li>□ Government Tax Official</li> <li>□ Corporate Tax Officer</li> <li>□ Tax Practitioner</li> <li>□ Tax Judge/Academic</li> </ul>			
General information:				
Full name: (*)				
		Profession:		
Company name:				
		Field of activity:		
		Website:		
Date and place of birth (natural person):				
Address: (**)		· (**)		
Email: (*)		)		

Your membership application including a brief curriculum vitae (for the natural person), a motivation letter as well a copy of the identity card for a YoungIFA membership application should be addressed to the Secretary of ALEF – Groupement luxembourgeois de l'IFA, Me Georges Simon, at:

Ashurst LLP Attn. Me Georges Simon 13-15 avenue de la Liberté L-1931 Luxembourg

<sup>(\*)</sup> Contact name for legal person enrollment

<sup>(\*\*)</sup> Home address of the natural person