

**ASIA MICRO-INSURANCE NETWORK**  
**-AMIN-**

**PERMANENT MEMBER REGISTRATION FORM**

*I, undersigned (Name, Surname): .....*

*Function within the organization: .....*  
.....

*Representing the organization: .....*  
.....  
.....

*Full address and contacts: .....*  
.....  
.....

*Hereby confirm that our organization will participate as member of AMIN (Asia Micro-Insurance Network) with the support of the ILO/STEP Program:*

*We confirm our support to the document « Joint vision » and we commit ourself to sign the collaboration agreement.*

*We understand that all related costs will be borne by ILO/STEP Program with no financial obligation whatsoever for our organization.*

*We also understand that our organization will be consulted for some aspects related to the setting up of AMIN website and we will be intervening in close collaboration on other aspects described in the agreement document.*

*In order to facilitate all further communication, we wish to inform you that we designated the following to act as our organization representative and as your contact person in this respect:*

*Name – Surname: .....*

*Function: .....*

*e-mail address: .....*

*Date:.....*

*Signature:.....*