

Application for Designatory Letters (AABRP)

Association of Business Recovery Professionals



Membership number:

Title: Mr/Mrs/Ms/Miss: First name:

Surname:

Company Name:

Company Address:

Postcode:

Telephone Number: Fax:

E-mail:

Home Address:

Please indicate your preferred correspondence address: Home Company

AABRP APPLICATION PROCESS

Two routes for application:

Route 1: Associate application to be co-signed by an R3 current Full or Fellow member

Applicants should complete this form and provide supplementary information in support of their application. Once the application form is completed, this must be signed by a current R3 Full or Fellow member. Applicants may if they wish provide the co-signature in the form of a covering letter by the R3 member.

Applications MUST:

1. Detail relevant experience (applicants must have a minimum of 12 months business recovery experience)
2. Outline any specific cases or work undertaken in support of their application

Or

Route 2: By full application (co-signature not required) with full CV detailing relevant business recovery experience

All applications subject to review and acceptance by the R3 Membership & Member Services Committee.

Criteria for eligibility:

1. Has previously worked or currently works for a business recovery firm employing an R3 Full or Fellow member
2. CV must detail relevant business recovery experience - minimum 12 months experience
3. Reference must be supplied by current employer or third party outlining range of work undertaken

Please tick if you are a member of one of the following:

ACCA ICAEW ICAI IPA SoS/BERR

ICAS Law Soc /SRA Law Soc (NI) Law Soc (Scotland) The Bar

Information in support of application

Please use additional sheets if required

Signed:

Full Name:

Date:

Co-signed:

Full Name:

R3 Membership Nos:

Date:

Please note: your signature on this form denotes you agree and provide a reference in the above applicants request for use of designatory letters. Please note you must be a FULL or FELLOW member of the Association to be able to complete this section.

Please send your APPLICATION FORM and any supporting documentation to:

Shemin Varma, Membership Officer

R3 – The Association of Business Recovery Professionals, 8th Floor, 120 Aldersgate Street, London EC1A 4JQ.

Tel: 020 7566 4200 Fax: 020 7566 4224 www.r3.org.uk