

Individual User Form (E-MOA)

This form is only for brokers applying to use E-MOA

NAME of Individual User:

JOB TITLE:

NAME OF BROKERAGE HOUSE:

STREET ADDRESS:

ADDRESS (CONT.):

CITY:

STATE/PROVINCE:

POSTAL CODE/ZIP:

COUNTRY:

OFFICE PHONE:

OFFICE FAX:

EMAIL (to be nominative):

URL:

Have you ever applied for, and been refused membership of a reputable superyacht association and/or related subscription services? If yes, why?

Have you ever been in a position of conflict of interest in relation to the MYBA Memorandum of Agreement?

Yes/No (delete as applicable)

I, the Manager/Director of the Subscriber, hereby request E-MOA access be given to the above-mentioned individual and I declare that this individual:

is an employee or subcontractor of the Subscriber and is covered by the Subscriber's or personal Professional indemnity/errors and omissions insurance.

AND

has received sufficient relevant training to ensure that the Individual User has the required knowledge to the reasonable satisfaction of the Subscriber.

Has/Has not* ever been in a position of conflict of interest in relation to the MYBA Memorandum of Agreement (*delete as applicable)

In order to support the above request, I, the Manager/Director of the Subscriber, hereby provide:

A brief profile of the Individual User's relevant experience in sales brokerage

Date:

Manager/Director's NAME:

Signature:

I, the Individual User, hereby declare that I have read the E-MOA Terms & Conditions of Use and will abide by them. I confirm that I will not share my login with, or give access to, any other individual, either inside or outside the Subscriber company.

Date:

Individual User's NAME:

Individual User's Signature: