

Application Form for BX Reporting Users

Applicant's reporting firm:

Reporting Member (ID/Name) _____

User privileges:

Application

Deletion

Name _____

Job Title _____

Phone _____

Language

E-Mail

We hereby apply to register the aforementioned user for an individual access to the BX reporting tool.

Place and date	Name(s), function(s) and valid signature(s) of applicant
_____	_____

For the applicant only:

I hereby declare to have read, understood, recognise and comply to BX Swiss rules and regulations including BX Swiss messages as valid at any given time.

Place and date	User name
_____	_____

Please return the completed and duly executed application form by both

1. Ordinary mail BX Swiss AG, Löwenstrasse 2, CH 8001 Zurich, Switzerland
2. Email office@bxswiss.com