

Application Form for BX Reporting Participants

Applicant:

Name:

Registered Address:

Billing Address:

(Phone / Fax / Website):

Main contacts (full name, job title, phone, e-mail)

Notices

Billing/Payment

Trading

Compliance

Secondary contacts (full name, job title, phone, e-mail)

Notices

Billing/Payment

Trading

Compliance

We hereby apply to become a reporting participant of BX Swiss in accordance with BX Swiss rules and regulations and declare that we have read, understood, shall recognise and comply to BX Swiss rules and regulations including BX Swiss messages as valid at any given time.

Place and date

Name(s), function(s) and valid signature(s) of applicant

Please return the completed and duly executed reporting participant application form by both

1. Ordinary mail BX Swiss AG, Talstrasse 70, CH 8001 Zürich, Switzerland
2. E-Mail meldestelle@bxswiss.com