

Application Form for BX Reporting Users

Reporting Member:

(Name / ID if avail.)

Role: Trader

Application

Deletion

Name

Job Title

Phone

Language

E-Mail

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

Place and date

Name(s), function(s) and valid signature(s) of firm representative(s)

For the trader only:

I hereby declare to 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

Trader signature

Please return the completed and duly executed application form by

Email: meldestelle@bxswiss.com