



Application Form for BX Reporting Traders

Applicant / Master Account:

Reporting Member (ID/Name) _____

Role: Trader	Application	Deletion
Name	_____	_____
Job Title	_____	_____
Phone	_____	_____
Language	_____	_____

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 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	Trader
_____	_____

- 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