



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, Löwenstrasse 2, CH 8001 Zürich, Switzerland

2. Email office@bxswiss.com