

Reporting form for authorized traders at Seturion AG

Institution Name/Address:

We hereby grant the trading authorization at Seturion AG to the person listed below:

☐ Mr. ☐ Ms.

Surname

Name

Function:

Qualificationen:

Tel. (direct):

E-Mail:

The trading authorization begins – until revoked – as of

The above-mentioned trading authorized person confirms that he/she has received and taken note of the relevant Seturion AG regulations:

Name and legally valid signature of the trader

Name(s) and legally valid signature(s) of the trading participant

Place and date:

1. Send **the original form by mail** to Seturion AG, Talacker 50, 8001 Zürich
2. As well as electronically **by e-mail** to trade-ch@seturion.com