

Application Form for SeturionX Reporting Users

Reporting Member:

(Name / ID if avail.)

Role: Reporting Tool User

Name

Job Title

Phone

Language

E-Mail

We hereby apply to register the aforementioned user for an individual access to the SeturionX reporting tool.

Place and date

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

For the user only:

I hereby declare to have read, understood, shall recognise and comply to SeturionX rules and regulations including SeturionX messages as valid at any given time.

Place and date

User signature

Please return the completed and duly executed application form by

Email: **reportingoffice-ch@seturion.com**

Note on data protection: Further information can be found in the data protection declaration at
<https://seturionx.com/en/privacypolicy/>