seturionX
Boerse Stuttgart Group

Application Form for SeturionX Reporting Participants

Applicant **LEI:**

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 SeturionX in accordance with SeturionX rules and regulations and declare that we have read, understood, shall recognise and comply to SeturionX rules and regulations including SeturionX messages as valid at any given time.

Place and date

Name(s), function(s) and valid signature(s) of applicant

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Please return the completed and duly executed reporting participant application form by both
1. Ordinary mail Seturion AG, Talacker 50, CH 8001 Zürich, Switzerland
2. E-Mail ***reportingoffice-ch@*seturion.com**

Note on data protection: Further information can be found in the data protection declaration at *https://seturionx.com/en/privacy-policy/*