

## Application Form for BX Swiss Reporting Users

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**Reporting Member:**

(Name / ID if avail.)

**Role: Reporting Tool User**☒ Application☐ Deletion

Name

Job Title

Phone

Language

☒ English☐ Deutsch

E-Mail

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

Place and date

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

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**For the user only:**

**I hereby declare to 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

User signature

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**Please return the completed and duly executed application form by**

Email: [meldestelle@bxswiss.com](mailto:meldestelle@bxswiss.com)

Note on data protection: Further information can be found in the data protection declaration at

<https://www.bxswiss.com/privacy-statement>