



AGREEMENT

Form 201

Certificate of registration, not older than 3 months, shall be attached to this form

Application for association to SwedSec

Company

Company name

Registration number

Postal address

Zip code, City

Contact (Compliance Officer or other executives appointed by CEO)

Name

Personal identification number or similar

Title

Phone

E-mail

The company hereby applies for association to SwedSec. SwedSec's Rules and Regulations shall apply to affiliated companies commencing the date of execution of the affiliation agreement.

Company

City, date

Signature

Name

SwedSec Licensiering AB

City, date

Signature

Name

Katarina Lidén

Send to:

SwedSec Licensiering AB
Box 1426
111 84 Stockholm