

Agreement Form 201

Application for association to Swedsec. Certificate of registration, not older than three months, shall be attached to this form.

Company

Company name

Registration number

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Postal address

Zip code, City

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Contact (Compliance Officer or other executives appointed by CEO)

Name

Personal identification number or similar

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Title

Phone

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E-mail

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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

Swedsec Licensiering AB

City, date

City, date

.....

.....

Signature

Signature

.....

.....

Name

Name

.....

.....

Send to:

info@swedsec.se eller

Swedsec Licensiering AB, Box 1426, S-111 84 Stockholm