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

Place and date	Name(s), function(s) and valid signature(s) of applicant
	_____
	_____

Please return the completed and duly executed reporting participant application form by both

1. Ordinary mail BX Digital AG, Talacker 50, CH 8001 Zürich, Switzerland
2. E-Mail **meldestelle@bxdigital.ch**

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