



Application form for participants

Client information

Company name:

Date of request for access: Organisation number:
(Swedish clients only)

Legal Entity Identifier (LEI):

Address:

Country of incorporation:

New client Yes No – If **no**, please tick current role(s)

- Account operator
- Settlement Bank
- Nominee
- Clearing Member
- Issuer Agent

Contact information

Last name: First name:

Address:

email address: Telephone:

Regulation and Compliance

Regulator's name:

Address:

Authorisation from relevant regulatory body: Yes (attachment) No

Request for access

Account Operator (AO) QI non-QI

AO on behalf of third party QI non-QI

If using another AO, please enter name:

Nominee QI non-QI

Clearing Member (CM) AM-submarket PM-submarket

Settlement Bank (SB) DKK SEK EUR

If using another SB, please enter name:

Issuer Agent



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Euroclear Sweden

Contact information for matters concerning Euroclear Sweden

Technical Issues:

Legal Issues:

Operational Issues:

Security/Risk Issues:

Operational staff to work in the VPC system

	Previous experience:
Name: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk Management

Risk management organisation:

Risk inventory:

Business Description

Additional information

Clearing Member:

Settlement Bank:

Account Operator:

Nominee:

Issuer Agent:



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Annex *(Please tick as applicable)*

- | | |
|--|--|
| <input type="checkbox"/> Letter of intent | <input type="checkbox"/> Technical description according to Appendix 1 |
| <input type="checkbox"/> Articles of association | <input type="checkbox"/> Business continuity plan |
| <input type="checkbox"/> Extract from the Trade Register | <input type="checkbox"/> Disaster recovery plan |
| <input type="checkbox"/> Permits from a regulatory body specifying authorisation | <input type="checkbox"/> Signed agreement with an Account Operator |
| <input type="checkbox"/> Annual reports (three most recent) | <input type="checkbox"/> Signed agreement with a Settlement Bank |
| <input type="checkbox"/> Organisational chart | <input type="checkbox"/> QI status – W-8IMY |
| | <input type="checkbox"/> Legal Opinion |

Authorised signatures

Name of authorised signatory:

Title of authorised signatory:

Place: Date:

Authorised signature:

Name of authorised signatory:

Title of authorised signatory:

Place: Date:

Authorised signature: