

## Customer registration form

In order to trade on Alternativa aktiemarknaden you have to register as a customer with us. This is done by filling out the form below. Since we need a signed version we ask you to sign the copy and send it to us via post or fax. Our address and fax number can be found at the bottom of the form. By signing the form you:

- confirm that the information given (needed amongst other things to meet authorities' information requirements) is correct and that any changes will be made available to Alternativa aktiemarknaden without delay
- accept the trading rules and fees applicable at any given time on Alternativa aktiemarknaden
- are aware that Alternativa aktiemarknaden is not responsible for events in the connected companies or their information dissemination
- commit to following the instructions that are stated on the contract note sent to you
- will receive contract notes etc via email if you have entered an email address below
- are aware that orders that have been entered are binding and that telephone orders may be recorded on tape
- are aware that the size of the trade can be reduced and delivery of payment and/or securities can be delayed, due to circumstances beyond the control of Alternativa aktiemarknaden
- accept that the information you provide on this form can be stored on data media
- may receive propositions from Alternativa aktiemarknaden as to whether you wish to receive offers from connected companies
- are aware of the risk that Alternativas financial instruments involves, and be clear from **enclose** document of suitable assessment.

Payments made or securities delivered, in accordance with instructions on the contract note, will temporarily be placed in a special client cash account or securities account with Danske Bank Sverige Filial.

### Customer data (\*=mandatory)

Social security number or  
organization number\*

Last name or company\*

\_\_\_\_\_  
First name or name of contact at company\*

\_\_\_\_\_  
Address\*

\_\_\_\_\_  
Postal code\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
Daytime phone number\*

\_\_\_\_\_  
Email address\*

\_\_\_\_\_  
Password (3-9 numbers or letters)\*

### Deposit of payment, when selling securities

Bank\*

Account number\*

### Transfer of securities, when buying securities

Bank or broker firm\*

VP-account or securities account number\*

### Signature

Date and Place\*

Signature\*

**Send it to us via post or fax to the address below\***

**Also enclose a copy of an attested ID\***