

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, printing it and then sending it to us. Since we need a signed version we ask you to sign the printed 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 that all trading in financial instruments comes with a certain risk. The fact that a financial instrument has risen in value does not mean any guarantees as to its future performance.

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)

Last name or company*

First name or name of contact at company*

Social security number or organisation number*

Address*

Postal code*

City*

Daytime phone number*

Email address (if one exists)

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

Please send to: Alternativa aktiemarknaden i Sverige AB, Karlavägen 50, S-114 49 Stockholm, Sweden
or fax to: +46-8 673 17 95