

SSEF Preferred client application form

COMPANY:	LEGAL STRUCTURE:
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NAME:	FIRST NAME:
ADDRESS:	POSTAL CODE, TOWN, COUNTRY:
TELEPHONE:	MOBILE PHONE:
FAX:	E-MAIL:

TYPE OF BUSINESS:	REFERENCE(S):
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By becoming a SSEF Preferred Client I/we carry an obligation to:

pay to the SSEF an annual fee of CHF 650.- (valid from January to December).

not to carry out any misuse of SSEF documents.

After admission, you will benefit from SSEF services at current Preferred Client Prices.

APPLICATION DATE:	SIGNATURE:
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