



**SWISS
RATING
AGENCY**

APPLICATION FORM
(PDF or Telefax delivery acceptable)

I/We, the undersigned, hereby apply to be admitted as Memberclients of the Swiss Rating Agency, in Zurich:

First Name Last Name and/or Name of Company _____

Legal form _____

Address _____

Postal code _____ City _____

Country _____

Telephone _____ Telefax _____

E-mail _____ Internet / Web _____

Annual turnover = <2 Mio. until 6 Mio. until 18 Mio. >18 Mio.

Our company's responsible person for the membership is:

First / Last Name(s) _____ Telephone(s) W _____

Telephone(s) other _____ Handy / Mobile _____

Comments _____

The board of directors decides on the admission of new Memberclient.
The undersigned undertake(s) to pay the annual dues, upon receipt of the respective invoice.

Place and date

Stamp and legal signature/s