

Swiss FS-CSC: Application for membership

**Please complete
and return to:**

Email:
info@fscsc.ch

Mail:
Swiss FS-CSC
c/o Schweizerische Bankiersvereinigung (SBVg)
Aeschenplatz 7
Postfach 4182
CH-4002 Basel

This PDF can be filled out digitally.
The Acrobat Reader program
is required for this.

Association membership

We intend to become a member/an affiliate of the Swiss FS-CSC association.

We are supervised by the Swiss Financial Market Supervisory Authority (FINMA) pursuant to Art. 3 FINMASA.

Contact details

Name of the organisation

Contact person

Function

Email-Address

Telephone number

Further information

Type of organisation

Other – if not in the list above:

If you use an external IT provider, please provide
the following information:

Name of the IT provider

Mail domain of the IT provider

Representation in the expert group

Each member of the association can nominate someone for the expert group. Only persons who are employed by a member of the association or an affiliate are authorized to represent the respective institute. Furthermore, the person representing the institute in the expert group should have a place of work in Switzerland, especially because of the intended exchange of data and information. External consultants and service providers (e.g. IT service providers in the context of outsourcing) are not permitted in the expert group.

We nominate the following person as our representative in the expert group:

Representative	Function
<input type="text"/>	<input type="text"/>
Email-Address	Telephone number
<input type="text"/>	<input type="text"/>

Deputy	Function
<input type="text"/>	<input type="text"/>
Email-Address	Telephone number
<input type="text"/>	<input type="text"/>

Our representative would like to participate in the following chapter **(2 preferences possible)**:

Risk management	Exercises and training
Regulation and compliance	Technology and innovation development
Relationship management and organisational development	Crisis management support
Operational excellence	

Access to preferred chapters depends on use level.

We will nominate our representative in the expert group at a later date.

We do not wish to be represented in the expert group.

We apply for membership by
Format: dd.mm.yyyy

Please note that no pro rata invoice will be issued.

Place, Date

1. signature

2. signature (optional)