

**This form concerns:**

Registration for providing one or several Affiliated Companies (Sw. "Anknutna Företag" as defined in Appendix 1 to the Access Agreement) access to the IA-System in accordance with Section 1.3 of Appendix 1.

This form should be used for Access Agreement for several Affiliated Companies. Affiliated Companies with access to the IA-System and the senior administrators who are to be given access rights to the IA-System are stated in the "Connecting Affiliated Companies" appendix attached to this Access Agreement.

Note that certain conditions apply for Affiliated Companies that are not registered in Sweden. For further information, refer to Appendix 1.

This form must be signed by a signatory or an individual with necessary competence to bind both the User Company and **all** Affiliated Companies that shall be connected to the IA-System.

The obligation specified in paragraph 5.4 of Appendix 1 will be regarded as having been met if at least one User Company within a group of companies or similar body of stakeholders regularly registers occurrences in the IA-System.

**Signature of authorised signatory for International affiliate or Group Company**

This Access Agreement comprises this "Access Agreement" form, a "Connecting Affiliated Companies" appendix, General Terms and Conditions for the IA System (Appendix 1), Personal Data Processor Agreement (Appendix 2) and IA System Security appendix (Appendix 3).

By signing this form regarding access to the IA-System, the International affiliate or group companies specified in the "Connecting Affiliated Companies" appendix agree to comply with all terms and conditions. The International Affiliate or group company confirms that this access agreement is only valid as long as the company signing this agreement is an affiliate or part of the group of the company holding the insurance plan with Afa Försäkring tjänstepensionsaktiebolag.

The Affiliated Companies confirm that the persons listed in the appendix has the necessary competence to use the IA-System on behalf of the respective Affiliated Company.

**I hereby register the Affiliated Companies and the persons listed in the Appendix "Connecting Affiliated Companies" and confirm that I have been provided with, and on behalf of the Affiliated Companies, accepted the Access Agreement including its appendices. I confirm that I have the right to bind the Affiliated Companies by the Access Agreement.**

City and date

Signature of authorised signatory/representative

Name in block letters

Position

**The Access Agreement should be sent to Afa Försäkring, SE-106 27 Stockholm, Sweden.**

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**Information regarding employees in the User Company's group**

Below, the User Company shall list the number of employees in its group of companies (i.e. the User Company/User Companies and the Affiliated Companies combined) which are employed in Swedish companies and companies registered outside of Sweden, respectively.

Total number of employees employed by the group:	Number of employees employed in Swedish group companies:	Number of employees employed in group companies registered outside of Sweden:
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**Affiliated Companies connecting to the Access Agreement**

<b>Affiliated Company</b>		No. employees	Company reg. no.
Company name		Country	
Senior administrator - Name		Senior administrator - Email	

<b>Affiliated Company</b>		No. employees	Company reg. no.
Company name		Country	
Senior administrator - Name		Senior administrator - Email	

<b>Affiliated Company</b>		No. employees	Company reg. no.
Company name		Country	
Senior administrator - Name		Senior administrator - Email	

<b>Affiliated Company</b>		No. employees	Company reg. no.
Company name		Country	
Senior administrator - Name		Senior administrator - Email	

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		No. employees	Company reg. no.
<b>Affiliated Company</b>			
Company name		Country	
Senior administrator - Name	Senior administrator - Email		

		No. employees	Company reg. no.
<b>Affiliated Company</b>			
Company name		Country	
Senior administrator - Name	Senior administrator - Email		

		No. employees	Company reg. no.
<b>Affiliated Company</b>			
Company name		Country	
Senior administrator - Name	Senior administrator - Email		

		No. employees	Company reg. no.
<b>Affiliated Company</b>			
Company name		Country	
Senior administrator - Name	Senior administrator - Email		

		No. employees	Company reg. no.
<b>Affiliated Company</b>			
Company name		Country	
Senior administrator - Name	Senior administrator - Email		

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**Postal address**

Afa Försäkring tjänstepensionsaktiebolag  
106 27 Stockholm

**Street address**

Klara Södra Kyrkogata 18  
Stockholm

**Contact**

iasupport@afaforsakring.se  
www.iasystemet.se

**Corporate**

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www.afaforsakring.se