

Access Agreements for multiple International affiliates and group companies. The IA companies occupational health and safety information system (the IA System)

The Agreement concerns:

Entering into an agreement for the use of the IA System as an international affiliate or groupe company with an insurance plan from AFA Trygghetsförsäkringsaktiebolag. Entering into an agreement for the use of the IA System by multiple User Companies.

This form should be used for agreements for multiple User Companies. User 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 "System User Companies" appendix attached to this Access Agreement.

This Access Agreement must be signed by a signatory or an individual who has been authorised for all User Companies that wish to be given access to the IA System.

The obligation specified in paragraph 7.4 of the General Terms and Conditions 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 Internationala affiliate or Group Company

This Access Agreement comprises this "Access Agreementform, a "System User 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 Access Agreement for the use of the IA System, the International affiliate or group companies specified in the "System User 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 Trygghetsförsäkringsaktiebolag. The user Companies further confirm that the individuals specifies in the appendix have been assigned the authority to use the IA System on behalf of each User Company.

I hereby request access to the IA System for the companies specified in the " System User Companies" appendix. I confirm that I have the right to enter into this Access Agreement on behalf of all the User Companies, and that all the User Companies have a responsibility to comply with the terms and conditions of 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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Postal address	Street address	Customer Centre	Phone	Internet and email	Corporate ID no.
AFA Försäkring	Klara Södra Kyrkogata 18	+46 (0)8-696 49 49	+46 (0)8-696 40 00	www.afaforaskring.se	516401-8615
106 27 Stockholm			Fax +46 (0)8-696 45 45	iasupport@afaforaskring.se	

International affiliate or Group Company

(Please write clearly in BLOCK CAPITALS)

		No. employees	Company reg. no.	
Company name				Country

Senior administrator	Name		Phone (incl. area code)	
	Email			

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(Please write clearly in BLOCK CAPITALS)

		No. employees	Company reg. no.	
Company name				Country

Senior administrator	Name		Phone (incl. area code)	
	Email			

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	Email			

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