



## **Application for approval as EETS provider**

Based on the FOCBS EETS and NETS Providers Ordinance of 16 July 2024.

**Company Name**

**Street**

**Town / City**

**Contact Person**

**E-Mail**

**Address for service in Switzerland (company name, street, town/city)**

The following documents must be submitted with this form as an attachment to the email (see annex 1 of the FOCBS EETS and NETS Providers Ordinance):

**City, Date**

**Signature or digital Signature**

By signing, you confirm that you have read and understood the contents of the FOCBS EETS and NETS Providers Ordinance, annex 1 and supplements, and that the information and documents are complete and correct.

**You must enclose proof of your authority to sign.**