



## SEB Alliance Contributor Application Form

### Contributer Information

Organisation name:	
Street address:	
Postal Code / ZIP:	
State / Province (if applicable):	
Town / City:	
Country:	
Contribution Level:	

By signing this Contributor Form, each Party confirms

- to have complied with its internal approval process prior to the execution of the Contributor Form.
- that the pdf version of the duly signed Contributor Form is deemed to be an original. Thus, the Parties will not exchange hardcopies with wet ink signatures.
- that the [General Terms and Conditions of the SEB Alliance](#) as published on the SEB Alliance website are integral part of the Contributor engagement.

### Contributer Representative

The following person is nominated to be the Contributor's representative:

Name Contributor Rep.:	
Email Contributor Rep.:	
Date & Location:	
Signature(s):	