

BSX System User Access Deletion Form

Firm Name/C	ode					
Date						
Please delete	access for the following use	<u>er:</u>				
User Name						
Job Title						
Email Addres	S					
Reason for d	eletion					
Authorisation of Deletion of User Access						
Name of Com	pliance Officer/Manager					
Email of Com	pliance Officer/Manager					
Phone of Cor	npliance Officer/Manager					
Authorising S	Signature for Firm					
			Please re	eturn compi	etea form to	bsxops@bsx.com
For Internal Use Only						
Date Received		Action By:	ned			
		,				