**1. Applying organisation**

|  |
| --- |
| **Organisation** |
| Name: |  |
| Address: |  |
| P.O. Box: |  |
| Postcode and City: |  |
| Country: |  |
| Website address: |  |

**2. General information**

Please fill in the table for the appropriate network partnership category (for NPOs **OR** Universities/Business Schools):

|  |  |  |
| --- | --- | --- |
| **Non Profit Organisations** |  | **Universities, Business Schools** |
| Total number of employees |  |  | Number of employees of relevant sub-unit |  |
| Figure as of (provide date) |  |  | Figure as of (provide date) |  |

**3. Information on fee structures**

|  |  |  |
| --- | --- | --- |
| **Non Profit Organisations** |  | **Universities, Business Schools** |
| Number of employees in SWITZERLAND | Annual network partnership fee (CHF)\* |  | Number of employees of relevant sub-unit | Annual network partnership fee (CHF)\* |
| < 10 | 1’500 |  | < 10 | 1’000 |
| 11 – 50 | 5’000 |  | > 10 | 2’000 |
| > 50 | 10’000 |  |  |  |

\* Individual reductions can be granted if organization provides specific services/activities that support SSF activities.

**4. Contact details**

|  |
| --- |
| **Main contact person**  |
| Name:  |  |
| Function:  |  |
| Email:  |  |
| Phone: |  |

|  |
| --- |
| **Further contact persons:**Please indicate other persons from your organisation who would like to be actively involved in the SSF network, be informed about activities and **receive internal newsletters** (feel free to add as many as you like) |
| Name:  |  |
| Function:  |  |
| Email:  |  |
| Phone: |  |

|  |  |
| --- | --- |
| Name:  |  |
| Function:  |  |
| Email:  |  |
| Phone: |  |

|  |  |
| --- | --- |
| Name:  |  |
| Function:  |  |
| Email:  |  |
| Phone: |  |

|  |
| --- |
| **Other persons from your organisation** interested in receiving the SSF newsletter and event invitations (feel free to add as many as you like): |
| Name:  |  |
| Function:  |  |
| Email:  |  |

|  |  |
| --- | --- |
| Name:  |  |
| Function:  |  |
| Email:  |  |

|  |  |
| --- | --- |
| Name:  |  |
| Function:  |  |
| Email:  |  |

**5. Company Profile**

Please provide a short description of your company/organization

|  |
| --- |
| **Appr. 600 Characters** |
|  |

**6. Motivation**

Please provide your reasoning for becoming a network partner of Swiss Sustainable Finance

|  |
| --- |
| **Appr. 600 Characters** |
|  |

**7. Confirmation**

We confirm our application for a network partnership with Swiss Sustainable Finance by signing this document and accept the Articles of Association.

------------------------ --------------------- ------------------------------------------------------

Place Date Name(s) (spelled out)

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Signature (s)

For further information on objectives, structure and processes of Swiss Sustainable Finance see enclosed Articles of Association and website: [www.sustainablefinance.ch](http://www.sustainablefinance.ch)

Please return the completed form to Swiss Sustainable Finance

* By post: Swiss Sustainable Finance, Grossmünsterplatz 6, 8001 Zurich, Switzerland.
* By scan and email: sabine.doebeli@sustainablefinance.ch

Thank you for your application! We look forward to working with you on promoting sustainability in Swiss finance.