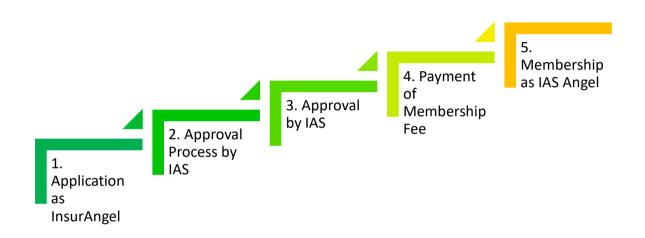


Application Form

to become a

Member of InsurAngels Suisse



"*" indicates required fields.

Step 1 of 5

MEMBERSHIP AGREEMENT

between the Association InsurAngels Suisse, Weinbergstrasse 73, CH-8006 Zürich, hereinafter called "IAS", and "You" person signing the application:

Member Information

Fields marked with a star (*) are mandatory.

Applicant Name (hereinafter called "You" or "I"): *

Titel:

First name(s): *

Last name(s): *

Company name if applicable:



```
Applicants Address: *
ZIP: *
Country: *
Your Email Address: *
Your personal Phone Number, with country code: *
Your Company LinkedIn Profile:
Your Personal LinkedIn Profile:
Website (URL):
    How did you find out about IAS?
    Referred by an IAS member:
    IAS event
    Google Ad
    LinkedIn
    Other:
Memberships / Citizenship and Tax
Please answer these mandatory questions (*)
Are you a US citizen and/or a US taxpayer: *
    Yes
    No
Confirm that you only invest your own money in startups. If your answer is "no" please
specify: *
    Yes
    No
               Specify: *
Do you give IAS the right to publish your name? *
(e.g. on insurangels.ch, in printed press or online articles):
    Yes
    No
Do you give IAS the right to publish your website if one exists? *
(e.g. on insurangels.ch, in printed press or online articles):
    There is no website.
    Yes
    No
```



Do you give IAS the right to share your name with IAS Members and Partners? * (e.g. via private communication platform, emails) Yes No
Are you an active member of InsurAngels France (IAF) or Business Angel France (BAF) or any other Investment Angel Association? * Yes, IAF member. Yes, BAF member. Yes, other: No
Acceptance of all Components of the Membership Agreement
IAS Charta acceptance I have read and agree to abide by the IAS <u>CHARTA</u> throughout. *
IAS General Terms and Conditions Acceptance I have read and agree with the IAS GENERAL TERMS AND CONDITIONS.*
IAS Membership Fee I accept to pay the annual Membership Fee upon approval of my IAS Membership. * (the first membership fee may be a pro rata fee)
Date: Signature of the Applicant: