



A COMPANY OF THE  AMANO GROUP

CLIENT PORTAL ACCES FORM

I, the undersigned

Name:

Function:

Customer code: (8 sign)

Company:

Based in:

Designate,

Last name, First name:

Email address:

Phone number:

as the contact person for the use of the Horoquartz extranet portal (the "Client services portal"). In this respect, the contact person is duly authorized to request the opening or closing of user accounts for employees from his organization.

I have read the following terms and agree that they are also known to the client contact and all other portal users:

Persons duly authorized by the client contact person will, upon request, receive a strictly personal and confidential password, which must not be transmitted to any other person. Any breach of this obligation will result in the immediate removal of access to the portal. The client assumes full responsibility for disclosure and repair of any damage that HOROQUARTZ might claim.

I request access to the Horoquartz extranet portal for the following people:

Last name, First name	Function	Email	Telephone

Date:

Signature and company seal

Send to: contact.extranet@horoquartz.fr