# User profile for AIFMD annex IV reporting via FIONA-online system.

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| **Name of the AIFM** |
|  |
| **FT-id of the AIFM** |
|  |

## Contact persons who can access the system:

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| --- | --- | --- | --- |
| **Name of the contact person**  | **E-mail**  | **Mobile number** | **The contact person must be** |
| **added** | **deleted** |
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| **Confirmation by the AIFM**  |
| *Place and date* |
| *Name and title*  |
| *Signature* |

Please fill out this form and email a scanned copy of the form to fiona@ftnet.dk.