



# Swift Customer reference form for applicant Swift Certified Specialist

Customer BIC: \_\_\_\_\_  
 Institution name: \_\_\_\_\_  
 Location (country/city): \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Applicant employer: \_\_\_\_\_  
 Location (country/city): \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

*The purpose of this form is to allow Swift to determine the eligibility to be considered as a candidate in the Swift Certified Specialist programme.*

**For which of the following purposes did you already use, or plan to use, this applicant Swift specialist?**

|   | <i>Already used</i>      | <i>Plan to use</i>       |
|---|--------------------------|--------------------------|
| Installation of a Swift Software  | <input type="checkbox"/> | <input type="checkbox"/> |
| Upgrade of a Swift Software Patch   | <input type="checkbox"/> | <input type="checkbox"/> |
| installation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Connectivity installation or upgrade  | <input type="checkbox"/> | <input type="checkbox"/> |
| Annual maintenance contract   | <input type="checkbox"/> | <input type="checkbox"/> |
| Solution Integration <span style="margin-left: 50px;"><i>- Please specify a solution -</i></span> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify)  | <input type="checkbox"/> | <input type="checkbox"/> |

For the interventions performed so far, please indicate your global level of satisfaction (1 is *Not Satisfied*, 5 is *Very Satisfied*)

1
  2
  3
  4
  5

**Please indicate an approximate number of consultancy days you would use in a year:**

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please send an original copy of this form in paper format, dully signed, back to the applicant service provider that sent it to you.*

*Note that Swift may call you to get some more information on the data you provided in this form.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

