

APPLICATION FORM FOR THE REGISTRATION (AND REPLACEMENT) OF AN AUTHORISED REPRESENTATIVE ON THE EURONEXT SECURITIES AND/OR DERIVATIVES MARKETS

This application will only be taken into consideration when this form, completed truthfully and duly signed has been received by the relevant Membership Department, who may request additional information:

Please note:

- The term “Member” in this application shall refer to a Member or to an applicant for Membership as the case may be.
- An Authorised Representative is the main key contact for the Membership Department; his/her duties are detailed in the EURONEXT NOTICE 2-01 as amended from time to time.
- All existing and known Authorized Representatives will also be appointed as Administrators of MyEuronext for the ‘Members’ domain, as specified in the MyEuronext Terms & Conditions.
- This application can be used to register a new Authorised Representative, or to replace an active Authorised Representative.

Please send this form, completed truthfully, but without date and physical signatures, so that Euronext can initiate the process for the form to be electronically signed via DocuSign.

Or send a digital copy before sending the hard copy physically signed to:

- for all Euronext Markets, except those of Borsa Italiana: euronextmembership@euronext.com
- for those of Borsa Italiana: BlT-membership@euronext.com or membershipitaly@PEC.euronext.com

1. DETAILS OF THE MEMBER

Name of Member	
Member address in full	
LEI code	

2. PROSPECTIVE AUTHORISED REPRESENTATIVE

The Member requests the registration as an Authorised Representative of the person whose details are included here below.

Surname	
First name(s)	
Job title	
Telephone (office)	
Mobile phone (office)	
Email (office)	
To be registered as an Authorised Representative for:	
Euronext Securities markets	<input type="checkbox"/> All below Securities; or only:
	<input type="checkbox"/> Equities
	<input type="checkbox"/> ETP & Funds
	<input type="checkbox"/> Bonds
	<input type="checkbox"/> Warrants & Certificates
Euronext Derivatives markets (for Euronext Milan IDEM market the AR role will apply to all relevant products listed on that market)	<input type="checkbox"/> All below Derivatives; or only:
	<input type="checkbox"/> Equities Derivatives
	<input type="checkbox"/> Index Derivatives
	<input type="checkbox"/> Commodities Derivatives

In case the registration of the prospective Authorised Representative coincides with the revocation of an existing Authorised Representative, please add the name and surname of the Authorised Representative to be replaced and to be deleted from the existing list. Otherwise, this section can be left blank.

Surname	
First name(s)	
Effective date:	

3. EURONEXT RULE BOOK

An Authorised Representative who has been registered by Euronext shall be bound by all applicable rules, regulations, general conditions and notices with relation to the function of the Authorised Representative laid down at any time by Euronext, pursuant to the Euronext Rule Book, Books I and II and issued Notices.

4. STATEMENT

1. The Member confirms to have informed the prospective Authorised Representative that, in the framework of his/her capacity of (prospective) Authorised Representative, personal data relating to him/her are processed by Euronext and to have referred him/her to Euronext's privacy statement accessible at: <https://www.euronext.com/en/privacy-policy>.
2. The Member confirms that the prospective Authorised Representative has agreed to accept the obligation that Euronext shall be able to reach him/her at all times during trading hours.

All changes to the above information must be reported immediately in writing to Euronext's Membership department to:

- for all Euronext Markets, except those of Borsa Italiana: euronextmembership@euronext.com;
- for those of Borsa Italiana: Blit-membership@euronext.com or membershipitaly@PEC.euronext.com;

The undersigned declare that this form has been completed truthfully and in full and that he/she is aware that providing incomplete, incorrect or inaccurate information may at all times constitute grounds for refusal or termination at any given moment of the role of Authorised Representative.

Authorised signatory(-ies) on behalf of the Member			
Full name		Full name <i>(second signatory if applicable)</i>	
Title		Title	
Signature		Signature	
Email (office)*		Email (office)*	
Mobile (office)		Mobile (office)	
Date		Date	

*only to be used for DocuSign signature processing.