

## APPLICATION FORM FOR ADDING, CHANGING OR CANCELLING THE AUTHORISED REPRESENTATIVE FOR BORSA ITALIANA MARKETS

*This application will only be taken into consideration when this form and all necessary documents have been returned to the Membership Department, who may request additional information:*

**Please note**

- The term “Member” in this application shall refer to a Borsa Italiana member.
- An Authorised Representative is the person whose duties are detailed in EURONEXT NOTICE 2-01.
- 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 new Authorised Representative, to modify or to cancel active Authorised representative by selecting the relevant available option

**Please send this form duly digitally signed to**

[Blt-membership@euronext.com](mailto:Blt-membership@euronext.com)

PEC: membershipitaly@PEC.euronext .com

Name of Member firm	
LEI Code	

We hereby request to register as **Authorised Representative**, the following person:

**DETAILS OF PROSPECTIVE AUTHORISED REPRESENTATIVE (IN CASE OF MULTIPLE AUTHORISED REPRESENTATIVE PLEASE COMPLETE THE DETAILS FOR EACH OF THEM)**

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Surname	
First name(s)	
Telephone (office)	
Mobile phone	
Email (office)	

Specimen of signature of the Prospective Authorised Representative	
DATE (day, month and year)	

This request (please tick the relevant box)

- completes previous list of Authorised Representatives by the supplement of new Authorised Representative/s as specified above;
- revokes and substitutes automatically the powers assigned to the following Authorised Representative (please list below name and surname of the Authorised Representatives to be deleted):

.....  
 .....  
 .....

The undersigned declare that this form has been completed truthfully and in full.

**All changes to the above information must be reported** immediately in writing to Borsa Italiana Membership department to [Blit-membership@euronext.com](mailto:Blit-membership@euronext.com).

Full name		
Position		
Signature of Authorized Person		
Place		
Date		