

APPLICATION FORM FOR THE ADMISSION AND REGISTRATION OF AN AUTHORISED REPRESENTATIVE ON THE EURONEXT SECURITIES AND/OR DERIVATIVES 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 Member or to an applicant for membership as the case may be. It shall in no circumstances actually confer any such membership by.
- An Authorised Representative is the main key contact of Euronext’s Member Compliance team and shall have the following duties:
 - Disseminate, within the Member and, if necessary, at their Affiliates, all decisions and communications emitted by Euronext Market Undertaking,
 - Advise the Member on the application of the Euronext Rules,
 - Register the Responsible Persons and contact the Euronext Market Undertaking as soon as a change has to be made to the details.

Please send this form duly signed and with the supportive documents (ID card) to EuronextMembership@euronext.com

1. DETAILS OF THE MEMBER FIRM

(Section to be completed by the member firm)

Name of Member firm	
Member address in full	

Member capacity ☐ Dealing on own account
☐ Execution of orders on behalf of clients

Requests the registration, as **Authorised Representative**, of the following person :

Full name			
Position with Member firm			
Responsible for the Euronext Securities markets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Responsible for the Euronext Derivatives markets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

2. DETAILS OF PROSPECTIVE AUTHORISED REPRESENTATIVE

(Section to be completed by the prospective Authorised Representative)

Surname	
First name(s)	
Office address	
Telephone (office)	
Mobile phone	
Email (office)	
Nationality	

Are you authorised to represent the Member by virtue of the law, articles of association, rules or otherwise?

☐ Yes ☐ No

If **yes**, please provide us with a copy of the supporting documentation.

Are you responsible or jointly responsible for the daily management of the Member?

On the Euronext Securities markets ☐ Yes ☐ No

On the Euronext Derivatives markets ☐ Yes ☐ No

If yes, please explain:	
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This application form should be accompanied by:

ENCLOSED	YES
A scanned good copy of a valid proof of identity , such as a passport (no driving license)	
If necessary, a copy of authorisation to represent the Member by Virtue of the Law, Articles of Association, rules, List of Authorised Signatories, etc	

3. SWORN STATEMENT

I, the undersigned

Last Name (followed by maiden name if applicable)	
First Name(s)	
Date of Birth (day, month and year)	
Place of Birth	
<p>do hereby certify that I have not been subject to:</p> <ul style="list-style-type: none"> ■ any criminal conviction, any civil or administrative sanction liable to prohibit my managing, administering or directing a legal entity, or my exercising a commercial activity; ■ any investigation or proceeding which could lead to criminal conviction or a civil or administrative sanction liable to prohibit my managing, administering or directing, of a legal entity, or my exercising, of a commercial activity. 	
<p>Are there any other facts or circumstances, which might reasonably be considered relevant to the evaluation of your compliance with the requirements for admission as an Authorised Representative at Euronext?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	
Signature of the Prospective Authorised Representative	
DATE (day, month and year)	

4. 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, in the Euronext Rule Book, Books I and II and Notices issued pursuant to the Rule Book.

The prospective Authorised Representative is aware that providing incomplete or inaccurate information may at all times constitute grounds for termination at any given moment of the applicant's position as an Authorised Representative.

This application is also governed by the said rules.

5. STATEMENT BY THE PROSPECTIVE AUTHORISED REPRESENTATIVE

1. By signing this form, the prospective Authorised Representative agrees to comply immediately with requests from Euronext's Membership Department for any information, which this department deems necessary for a thorough evaluation of this application.
2. The prospective Authorised Representative agrees that in connection with this application, Euronext's Membership Department may request information on the prospective Authorised Representative from authorities and/or persons (previous employers, etc.).
3. The prospective Authorised Representative also agrees and hereby grants permission for any information on him/her present in the files kept by the Competent Authority to be provided to Euronext in connection with his/her application for Authorised Representative.
4. The prospective Authorised Representative also agrees to accept the obligation that Euronext shall be able to reach him/her at all times during trading hours.

The undersigned declare that this form and the appendices have been completed truthfully and in full.

All changes to the above information must be reported immediately in writing to Euronext's Membership department to euronextmembership@euronext.com.

Authorised Signatories on behalf of the member firm (2 persons officially identified by the Board and confirmed in the last* List of Authorised Signatories)			
Full name		Full name	
Position		Position	
Signature		Signature	
Place		Place	
Date		Date	

*we thank you to forward us the last List of Authorised Signatories set up in your company