

**EURONEXT SECURITIES MARKETS
Extension form**

1. Member contact details

Member name	
Registered address	
Trading code	
Contact name	
Telephone number	
Email address	

2. Extension to Euronext Securities Market

Member requests extension to the following market(s)*:

Euronext Amsterdam	
Euronext Brussels	
Euronext Lisbon	
Euronext Paris	

Planned **start date** on this/these market(s): _____

Have you notified your **ISD passport** for the Relevant Euronext Market(s)?*

Yes

No

3. Name of clearer on extended market(s)

Euronext Amsterdam	
Euronext Brussels	
Euronext Lisbon	
Euronext Paris	

4. Signature

Date: _____

Name of Authorised Representative: _____

Signature: _____

* tick where applicable