



Please return the completed form to fax nr. +31 20 550 5101

**Application Form for Liquidity Provider at NYSE Liffe (Amsterdam market)**

The undersigned,

Name \_\_\_\_\_

Member \_\_\_\_\_

Address \_\_\_\_\_

Mnemonic \_\_\_\_\_ Phone nr. \_\_\_\_\_

Hereinafter “the Applicant”,

in its capacity as Trader at the Amsterdam market of NYSE Liffe hereby applies for a position as<sup>1</sup>:

- Primary Market Maker (PMM)
- Competitive Market Maker (CMM)

in the option class(es): \_\_\_\_\_

The applicant is willing and able to fulfil the obligations of a PMM/CMM<sup>1</sup> as set out for the concerning option class(es) and to sign the agreement in which the rights and obligations of a PMM/CMM are laid down.

The Applicant has consulted its Clearing Member,

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone nr \_\_\_\_\_

who fully supports this application. In witness of approval of the application this form bears the countersignature of the abovementioned Clearing Member.

Place, \_\_\_\_\_

Date, \_\_\_\_\_

On behalf of the Applicant,

On behalf of the Applicant’s Clearing Member

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Please mark your choice of preference.