

## BondMatch

### APPLICATION FORM FOR ADMISSION AND REGISTRATION OF AN AUTHORISED REPRESENTATIVE DEDICATED TO BONDMATCH

*This application will only be taken into consideration when this form and all necessary documents have been returned to the Membership Department (OCA), 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 (Notice 2.01, art 9):
  - 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 with supportive documents to**

Euronext Membership  
Beursplein 5  
1012 JW Amsterdam  
The Netherlands

## 1. DETAILS OF THE MEMBER FIRM

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(Section to be completed by the member firm)

Name of Member firm	
Member address in full	

Requests the admission of the following person in the function of **Authorised Representative** within the meaning of the BondMatch Rule Book:

Full name:	
Position within the firm:	

## 2. DETAILS OF PROSPECTIVE AUTHORISED REPRESENTATIVE

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(Section to be completed by the prospective Authorised Representative)

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

1. 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.

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

☐ Yes

☐ No

If yes, please explain

### 3. SWORN STATEMENT

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I, the undersigned

Last Name (followed by maiden name if applicable)	
First Name(s)	
Date of Birth (day, month and year)	
Place of Birth	
do hereby certify that I have not been subject to: <ul style="list-style-type: none"><li>■ 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;</li><li>■ 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.</li></ul>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <b>please</b> explain:  	
Signature of the Prospective Authorised Representative	
DATE (day, month and year)	

### 4. STATEMENT BY THE PROSPECTIVE AUTHORISED REPRESENTATIVE

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1. By signing this form, the prospective Authorised Representative agrees to comply immediately with requests from Euronext's Membership Department (OCA) 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 (OCA) 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 BondMatch 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 (OCA) to [EuronextMembership@euronext.com](mailto:EuronextMembership@euronext.com).

<b>Authorised Signatories on behalf of the member firm</b> (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

**This application form should be accompanied by:**

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