



## **EURONEXT BLOCK FAST TRACK MEMBERSHIP**

### **APPLICATION FORM**

Membership application form for **existing** members of the Euronext Derivatives and/or Securities Markets

**June 2017**

## 1. INTRODUCTION

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The fast track Membership application form is for those applicants wishing to join Euronext Block who are already Members of a Euronext Derivatives and/or Securities Market<sup>1</sup>.

Please complete the form digitally and sent it duly signed together with the supporting documentation (as requested in the appendices and in section 3.3 on page 4) to: [euronextmembership@euronext.com](mailto:euronextmembership@euronext.com) and [blockmtf@euronext.com](mailto:blockmtf@euronext.com)

All applicants should ensure that, where relevant, they have the appropriate regulatory authorisation(s) to conduct business on Euronext Block. Please note that there are restrictions in terms of jurisdictions from where Members may operate.

Applicants should be aware that the Financial Conduct Authority (FCA) may contact your home state regulator for additional information. The FCA may also request further information from the applicant directly and may impose fees.

If an Applicant has branch offices in more than one EEA state that will be accessing Euronext Block, please provide as an annex to this form the addresses and management contacts for each branch office that will be accessing Euronext Block.

Euronext Block reserves the right to request additional information or supporting documents from Applicants to assist in determining applications for Membership.

For further information, please visit our website [www.euronext.com/blockmtf](http://www.euronext.com/blockmtf) or contact either our Euronext Block team ([blockmtf@euronext.com](mailto:blockmtf@euronext.com)), the Client Coverage Centre ([ccc@euronext.com](mailto:ccc@euronext.com)) or Membership team ([EuronextMembership@euronext.com](mailto:EuronextMembership@euronext.com)).

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<sup>1</sup> All capitalised terms shall have the meaning ascribed to them in the Euronext Block Rule Book which is in force. This might be subject to change from time to time.

## 2. DETAILS OF APPLICANT

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Applicant's statutory name and legal form:	
Commercial name (if different):	
Country of incorporation:	
VAT (tax) registration number:	
Bank Identifier Code (BIC):	
Registered address:	
Mailing address (if different):	
Website address:	
Generic company email address:	
Contact name (for processing this application):	
Job title/position:	
Telephone number (including extension):	
Email address:	

### GROUP STRUCTURE DIAGRAM

Please provide a **group structure diagram** showing the ownership of the Applicant and, where relevant, the whole group structure including percentage sizes of holdings and stakeholders' nationalities. The mandatory threshold for inclusion of stakeholders is an interest of 20% or more.

### 3. PROPOSED TRADING AND CLEARING ACTIVITY

#### 3.1 TYPE OF TRADING ACTIVITY

Please indicate the type of trading activity<sup>2</sup> you intend to perform on Euronext Block:

PROPOSED ACTIVITY(IES)	(please tick ✓)
Dealing for own account (Principal)	<input type="checkbox"/>
Execution of orders for third parties (Agency)	<input type="checkbox"/>

#### 3.2 EUROCCP GENERAL CLEARING MEMBER(S)

Please add the name of the EuroCCP General Clearing Member(s) through which you intend to clear the stocks. If clearing your own business, please write "self".

COUNTRY	CLEARING HOUSE	EUROCCP GENERAL CLEARING MEMBER(S)
Austria	EuroCCP	
Belgium	EuroCCP	
Denmark	EuroCCP	
Finland	EuroCCP	
France	EuroCCP	
Germany	EuroCCP	
Ireland (see 3.3)	EuroCCP	
Italy	EuroCCP	
Netherlands	EuroCCP	
Norway	EuroCCP	
Portugal	EuroCCP	
Spain	EuroCCP	
Sweden	EuroCCP	
Switzerland	EuroCCP	
UK (see 3.3)	EuroCCP	

#### 3.3 UK/IRISH SECURITIES

If you intend to trade UK and/or Irish securities, please complete the appropriate annexes, available on our website or from [EuronextMembership@euronext.com](mailto:EuronextMembership@euronext.com).

<sup>2</sup> The proposed activity/activities and authorisations of the Applicant will determine the Membership capacity to be designated

### 4. KEY PERSONNEL

While in general, references and curriculum vitae will not be taken up on the Applicant’s key personnel, Euronext Block retains the right to seek such information where it deems it appropriate to do so.

Please provide details of the key personnel that will be responsible for the business on Euronext Block:

MANAGEMENT CONTACT			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

COMPLIANCE OFFICER			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

HEAD OF TRADING			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

BACK OFFICE CONTACT			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

## 5. STATEMENT OF APPLICANT

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We understand that by choosing to submit this application form we agree to share our Euronext Membership information with Euronext Block who will treat this information confidentially.

We understand that we will be subject to the same IT conditions as those applied to Euronext Members.

The principle business address as submitted in this application may be deemed to be the address for delivery of any communications from Euronext Block, including any summons, complaint, reparation claim, order, subpoena, request for information, or any other written communication, unless another address is specified for this purpose.

We understand that Membership has not been granted until a notice has been issued confirming that we have been admitted, in accordance with the provisions set down in the Euronext Block Rulebook.

We understand that in order to be granted/maintain Membership we must organise and control our affairs in a responsible manner, and to this end that we must have staff who are fit and proper with suitable authorisation/qualifications and experience in order to implement and maintain adequate internal procedures and controls.

In completing, executing and submitting this application we agree to comply with and be bound by the Euronext Block Rulebook.

We certify that the statements in our application for Membership and in this Declaration are true and complete.

**WILFUL FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY MATERIAL FACT REQUIRED TO BE STATED CONSTITUTES CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF MEMBERSHIP.**

Applicant's Statutory Name:	
Signature of a Director authorised to sign on behalf of the applicant by resolution of the applicant's board (or equivalent for other legal entities):	
Job title:	
Print full name:	
Date:	

Euronext Block may use information contained in the Membership database for marketing purposes. Please tick the box if you do **not** agree to Euronext Block using your Membership information for Euronext Block marketing purposes.

## APPENDIX A: CONTINGENCY CO-ORDINATORS

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### To be completed by all Applicants

It is necessary to provide the following details to Euronext Block so that it is possible for the Exchange to contact a coordinator in the case of an emergency. The details of contingency coordinators are kept in strict confidence.

MAIN CONTINGENCY COORDINATOR			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

DEPUTY CONTINGENCY COORDINATOR			
Full Name:			
Telephone No:			
Email:		Date of Birth:	

Generic email address to receive updates to serious incidents on Euronext Block:	
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## APPENDIX B: BILLING DETAILS

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### To be completed by all Applicants

Please provide the details of a Billing contact to whom invoices relating to Euronext Block should be sent:

BILLING CONTACT			
Full Name:			
Position:			
Email:		Telephone No:	
Invoice address:			