#### Liquidity Provider Application Form

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| Date:Click or tap to enter a date. | | |
| To: **EnEx Admission Service**  110, Athinon Ave. 104 42 Athens, Greece  Tel: (+30) 210 33 66 548  E-mail: [admission@enexgroup.gr](mailto:admission@enexgroup.gr) | | |
| **General Info** | | |
| Participant’s trade name | | : |
| Contact Person | (name/tel./email) | : |
|  | | |

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| **Outsourcing** | |
| |  |  | | --- | --- | | We have signed an outsourcing contract for Market Making: Choose an item.  *If yes, please fill in the following:* |  | | Company Trade Name1[[1]](#footnote-1):Click or tap here to enter text. |  | | ΤΙΝ1 :Click or tap here to enter text. |  | | Describe thoroughly, which functions are being outsourced and the way in which they comply with the Rulebook |  |   **Responsible persons for Natural Gas Liquidity Provider issues**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Position: | Choose an item. | Name | : | Tel. | : | | Action: | Choose an item. | Email | : | Mob. | : | | Position: | Choose an item. | Name | : | Tel. | : | | Action: | Choose an item. | Email | : | Mob. | : |   **Supporting Documents** | |
| Internal Regulation of Liquidity Provision |  |
| Organizational chart |  |
| If you have signed an outsourcing contract for Liquidity Provision: | |
| 1. Outsourcing Policy for the Liquidity Provision Operation |  |
| 1. Risk Management Policy on outsourcing |  |
| **Assignment of Clearing *(for Non-Clearing Members only)*** | |
| Assignment of clearing procedure to the GCM: | |

**Additional Documents**

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| Bank Account Certificate (IBAN): |

**Notes**

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For the Company Click or tap here to enter text.  
(Name of Legal Representative, Position, Signature)

A picture containing white, design

Description automatically generated

(Company Stamp)

1. *1 Of the company you have signed the Market Making Outsourcing Contract with.* [↑](#footnote-ref-1)