**Membership Form**

**HEnEx Derivatives Market**

Date:Click or tap here to enter text.

To: **EnEx Member Support**

110, Athinon Ave. 104 42 Athens, Greece

Tel: +30 210 336 6845

Fax: +30 210 336 6951

E-mail: [EnEx-Member-Support@enexgroup.gr](mailto:EnEx-Member-Support@enexgroup.gr)

**Company’s General Info**

|  |  |  |
| --- | --- | --- |
| Company’s name | : |  |
| Address/Postal Code | : |  |
| Tel/e-mail | : | / |

**Member’s activation/resignation**

|  |
| --- |
| Choose one from the list Trading Member in the Derivatives Market on (date) Click or tap here to enter text. |

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| **Assignment of Clearing** (for Non Clearing Members only) |
| Assignment of clearing procedure on the markets to the GCM: Click or tap here to enter text. |

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| **Change of Member’s name** |
| Click or tap here to enter text.  (attach a copy of the Approval Decision of the relevant authority) |
|  |

**Notes**

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| Click or tap here to enter text. |

For the Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Name of Legal Representative, Position, Signature, Company Stamp)