#### Market Maker Application Form

|  |  |  |
| --- | --- | --- |
| Date:Click or tap here to enter text. | | |
| **General Info** | | |
| Member’s name | | : |
| ΤΙΝ[[1]](#footnote-1) | | : |
| OASIS ID *(if known)*: | | : |
| Contact Person | (name) | : |
|  | (phone number) | : |
|  | | |

|  |  |
| --- | --- |
| **Derivatives** | |
| |  |  |  | | --- | --- | --- | |  | Base | Peak | | Months |  |  | | Quarters |  |  | | Years |  |  |  |  |  | | --- | --- | | We have signed an outsourcing contract for Market Making: YES / NO |  | | If yes, please fill in the following: |  | | Company Name[[2]](#footnote-2):Click or tap here to enter text. |  | | ΤΙΝ:Click or tap here to enter text. |  |   **Supporting Documents** | |
| Internal Regulation of Market Making |  |
| Organizational chart |  |
| Member’s Profile Form regarding the Head and the responsible Market Makers (Form D1-4) |  |
| If you have signed an outsourcing contract for Market Making: | |
| 1. Outsourcing Policy for the Market Making Operation |  |
| 1. Risk Management Policy on outsourcing |  |
| **Assignment of Clearing *(for Non-Clearing Members only)*** | |
| Assignment of clearing procedure to the GCM: Click or tap here to enter text. | |

**Notes**

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| Click or tap here to enter text. |

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

1. *TIN for the Tax Identification Number.* [↑](#footnote-ref-1)
2. *Of the company you have signed the Market Making Outsourcing Contract with.* [↑](#footnote-ref-2)