#### 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**

|  |
| --- |
| 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)