#### 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, GreeceTel: (+30) 210 33 66 548  E-mail: admission@enexgroup.gr  |
| **General Info** |
| Participant’s trade name | :       |
| Contact Person | (name/tel./email) | :       |
|  |

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| **Outsourcing** |
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| 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)



 (Company Stamp)

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