Declaration of Multi-Member-System Provider Affiliates

Send originals to:

Eurex Frankfurt
Member Services & Admission
60485 Frankfurt am Main
Germany

With questions, please contact your KAM or send an email to **memberservices@eurexchange.com**

Applicant

Name of the applying exchange participant

Address 1 | Street No

Address 2

Zip Code | City

Country

Contact person

First name / Last name

Telephone | Fax

E-mail

Parent Company Name: _____

Parent Company Member ID (if applicable)

Commercial Register Number: _____

Name of Issuing Authority: _____

In accordance with §1 of the General Terms and Conditions of the Multi-Member-System Provider connection agreement, the purpose of this form is to demonstrate a relationship of ownership and proof of such a relationship between a Service Provider, its parent Company and other affiliated companies. A relationship of significant ownership, usually greater than fifty percent, is referred to as an affiliation. Exchange members connecting via an affiliated Multi-Member-System Provider will not be subject to indirect connectivity fees. Likewise, the Multi-Member-System Provider serving only affiliates will not be subject to the monthly basis fee.

Form of Proof Of Affiliation

- ☐ Articles of Association
- ☐ Commercial Register
- ☐ Official Letter (original required)
- ☐ Other, please specify: _____

Other Affiliated Companies

Multi-Member-System Provider

Company Name

Affiliated Exchange Member ID

Company Name

Affiliated Exchange Member ID

Company Name

Affiliated Exchange Member ID

Company Name

Authorized Signatory of Parent Company

Date | Place | Printed Name of Signatory | Company stamp and authorized signature (Company name in print letters)