#### ΑΤΗΕΧ & ATHEXClear - Membership Form

To: **ATHEX**GROUPDate:

**Members Support & Network Management Unit**

Tel: +30 210 336 6393, Fax: +30 210 336 6286

E-mail: [members-support@athexgroup.gr](mailto:members-support@athexgroup.gr)

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Info** | | | |
| Member’s name | | | : |
| DSS Operator’s ID | | | : |
| Contact Person | (name) | | : |
|  | (phone number) | | : |
|  | | | |
| **Member’s activation/resignation** | | | |
| **ATHEX Membership** | | | |
| Choose one from the list Trading Member in Cash Market on  (date) | | | |
| Choose one from the list Trading Member in Derivatives Market on  (date) | | | |
| Choose one from the list Member of Stock Lending Mechanism on  (date) | | | |
| **ATHEXClear Membership** | | | |
| Choose one from the list Direct Clearing Member choose one from the list on  (date) | | | |
| Choose one from the list General Clearing Member choose one from the list on  (date) | | | |
|  | | | |
| **Assignment of Clearing** (for Trading Members only) | | | |
| Assignment of clearing procedure on the markets to the GCM: | | | |
|  | |  | |
| **Change of Member’s name** | | | |
| (attach a copy of the Approval Decision of the relevant authority) | | | |
|  | | | |

**Notes**

|  |
| --- |
|  |

|  |
| --- |
| Authorised Signatory’s Name, Signature  Company Stamp |