

Member of the EU Trusted List - European Commission

https://esignature.ec.europa.eu/efda/tl-browser/#/screen/tl/trustmark/EL/VATEL-099755108
110 Athinon Avenue GR 104 42 Athens

PKICA-Services@athexgroup.gr

+30 210 336 6300

APPLICATION-AGREEMENT FOR CLIENT AUTHENTICATION CERTIFICATE AT MARKET TRADING AND CLEARING SYSTEMS

To be filled in and signed by the subscriber.

To be filled in by the At	hens Stock Exchange
Reception Date	
Prot. No.	
Jira Issue of	
qualification	
Full name RA	
Signature RA	
Subscriber Number	

I.PURPOSE(S) OF CLIENT AUTHENTICATION CERTIFICATE

Select the system(s) for which the client authentication certificate is going to be deployed, by filling in the "x" letter in the corresponding box(es).

Any of the following: ATHEX – Trading System CSE – Trading System, HENEX – Trading Derivative System GAS – GAS Trading Platform	HEnEx – Trading Spot System
ATHEX – Clearing System	CSE – Clearing System
EnExClear – Clearing System	CSE – Energy Clearing System

II.PARTICULARS OF THE SUBSCRIBER'S PUBLIC IDENTIFICATION DOCUMENT

The public identification document shall include the number, name and surname in Latin. Please fill in the "x'' letter in the box of the type of identification document you select. All the following fields shall be filled in exactly as indicated on the identification document.

TYPE OF IDENTIFICATION DOCUMENT ("Other Type" when there is no Passport/ID) IDENTIFICATION DOCUMENT NUMBER (It may be registered to the certificate in Latin)	Passport	ID Card	Other Type
ISSUING AUTHORITY			
NATIONALITY (It will be registered to the certificate)			
IDENTIFICATION DOCUMENT EXPIRATION DATE	If indicated on the do	ocument	
GIVEN NAMES IN LATIN CHARACTERS (It will be registered to the certificate)			
GIVEN NAMES IN GREEK CHARACTERS	If the identification d	locument is Greek/Cyprio	ot
SURNAME IN LATIN CHARACTERS (It will be registered to the certificate)			
SURNAME IN GREEK CHARACTERS	If the identification d	locument is Greek/Cyprio	ot
FATHER'S NAME			
MOTHER'S NAME			
DATE OF BIRTH			





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III.SUBSCRIBER'S DETAILS

All the following	ng fields shal	I be filled in.
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E-MAIL	
(It will be registered to the certificate after	
verifying it.)	
TAX IDENTIFICATION NUMBER	
(It may be registered to the certificate)	Required if application-agreement is digitally confirmed by gov.gr
MOBILE PHONE	
	Required for the activation of certificate
OFFICE PHONE	

IV.PARTICULARS OF THE CERTIFICATE APPROVER OF THIS CERTIFICATE REQUEST

Fill in the particulars of the person in your organization who has the authority to approve this certificate request. Please note that in the case that the legal representative(s) has given the authority to approve this certificates request to other person, the supporting document "Authorization Letter for Certificate approvers" (signed by the legal representative) should also be submitted once per year. Fill in the "x" letter in the box of the type of identification document you select.

IDENTIFICATION DOCUMENT	Passport		ID Card	Other Type	
("Other Type" when there is no Passport/ID)	Identif. Doc. Number Nationality		nality		
FULL NAME	Given name(s) and surname shall be filled in exactly as indicated on the identif. docum		on the identif. document	•	
TAX IDENTIF. NUMBER	Required if approval letter is digita	lly co	nfirmed by gov.gr		

V.PARTICULARS OF THE LEGAL REPRESENTATIVE(S)

Fill in the particulars of the legal representative(s). Fill in the "x'' letter in the box of the type of identification document you select.

	F		7	
IDENTIFICATION	Passport		ID Card	Other Type
DOCUMENT ("Other Type" when there is no				
Passport/ID)	Identif. Doc. Number	Natio	nality	
FULL NAME	Given name(s) and surname shall be filled in exactly as indicated on the identif. document			
TAX IDENTIF. NUMBER	Required if authorization letter is digitally confirmed by gov.gr			

IDENTIFICATION	Passport		ID Card	
DOCUMENT	Passport		ID Card	Other Type
("Other Type" when there is no Passport/ID)	ldentif. Doc. Number	Natio	onality	
FULL NAME	Given name(s) and surname shall l	oe fille	ed in exactly as indicated	on the identif. document
TAX IDENTIF. NUMBER	Required if authorization letter is o	digitall	ly confirmed by gov.gr	





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VI.BILLING DETAILS

CONTACT PERSON FOR BILLING INFO E-MAIL FOR BILLING INFO COMPANY NAME		
TAX IDENTIFICATION NUMBER OF COMPANY	(Full company name, no abbreviations) Tax Identification Number	Tax Office
ADDRESS	Street	Number
TELEPHONE	City	Postcode

VII.SUPPORTING DOCUMENTS

For each document accompanying the application, fill in the "x" letter in the corresponding box.

- 1. COPY OF A PUBLIC DOCUMENT OF IDENTIFICATION E.g., passport or identity card.
- 2. CERTIFICATE OF THE REPRESENTATION OF THE LEGAL ENTITY
 E.g., announcement published at General Commercial Registry (for Greece it is G.E.MI.,
 https://www.businessregistry.gr/publicity/index) or anything else published on the Internet.
- 3. APPROVAL LETTER FOR CLIENT AUTHENTICATION CERTIFICATES

https://repo.athexgroup.gr/ATHEXApprovalLetter4ClientAuth.pdf

Approval Letter shall be signed either by legal representative(s) or by the person in the organization who has the authority to approve this certificate request. In the latter case the following Authorization Letter is also mandatory to be provided once per year.

In case the subscriber is the same person who has the authority to approve this certificate request (i.e., certificate approver), or he/she is the legal representative, the Approval Letter is not required.

4. AUTHORIZATION LETTER FOR CERTIFICATE APPROVERS

 $\underline{https://repo.athexgroup.gr/ATHEXAuthorizationLetter 4 Approving Client Auth.pdf}$

In case that the legal representative of the organization has given the authority to other person in the organization to approve this certificate request, the legal representative(s) should submit this Authorization Letter to Athens Stock Exchange, once per year.





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By signing this application-agreement I hereby expressly declare and accept the terms and conditions posted at the following link: https://repo.athexgroup.gr/ATHEX TC EN.pdf

- 1. My particulars stated in this application are accurate and I accept their processing by the Athens Stock Exchange, any lawful successor and entities affiliated with it, for the provision of the Trust Services, in accordance with the terms herein (and in particular article 8).
- 2. I have carefully read the above terms and conditions, all of which I accept unconditionally, and declare that I have read "Athex PKI Disclosure Statement" (posted at the following link https://repo.athexgroup.gr/ATHEX %20PDS EN.pdf), with a summary of the terms, conditions and information contained in the "Certificate Policy and Certification Practices Statement for ATHEX RSA Root CA R2 Certificates (English)" governing the use of the PKCS #12 file of my private keys and certificates.

Date:/20
The Certificate Approver of Organization
(Signature)
Digital Document Confirmation by gov.gr:
https://www.gov.gr/ipiresies/polites-kai-kathemerinoteta/psephiaka-eggrapha-gov-gr/psephiake
bebaiose-eggraphou
or
Qualified electronic signature according to eIDAS

Qualified electronic signature according to eIDAS

or

Handwritten signature before a Citizens Service Centre (i.e., "KE Π ") or Police Station or Administrative Authority

OI

Apostilled (for certificate approvers living outside in Greece/Cyprus)