

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 Athens 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).

JI	responding box(es).	
	p	
	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	
	EnExClear – Clearing System	
	CSE – 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 of 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	d	
GIVEN NAMES IN LATIN CHARACTERS (It will be registered to the certificate)	ir indicated on the	document	
GIVEN NAMES IN GREEK CHARACTERS	If the identification	document is Greek/	Cypriot
SURNAME IN LATIN CHARACTERS (It will be registered to the certificate)			
SURNAME IN GREEK CHARACTERS	If the identification	document is Greek/	Cypriot
FATHER'S NAME			
MOTHER'S NAME			
DATE OF BIRTH			



III.SUBSCRIBER'S DETAILS

All o	f the	following	fields	shall b	e 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	here is no		ID Card	Other Type
("Other Type" when there is no Passport/ID)			Nationality	
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.

IDENTIFICATION	Passport		ID Card	Other Type	
DOCUMENT				Guier Type	
("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			٠	
TAX IDENTIF. NUMBER	Required if authorization letter is digitally confirmed by gov.gr				

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



VI.BILLING DETAILS

CONTACT PERSON FOR BILLING INFO E-MAIL FOR BILLING INFO COMPANY NAME		
TAX IDENTIFICATION NUMBER OF COMPANY	(Full company name, no abbreviation	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.
- 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://www.athexgroup.gr/pki/-/file/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

https://www.athexgroup.gr/pki/-/file/ATHEXAuthorizationLetter4ApprovingClientAuth.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.



By signing this application-agreement I hereby expressly declare and accept the terms and conditions posted at the following link:

https://www.athexgroup.gr/pki/-/file/ATHEX TC GR.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://www.athexgroup.gr/pki/-/file/ATHEX PDS EN.pdf), with a summary of the terms, conditions and information contained in the "Certificate Policy and Certificate Practices Statement for ATHEX Root CA G3 and ATHEX RSA Root CA G4 R1Certificates" governing the use of the PKCS #12 file of my private keys and certificates.

Date:/ 20
The Applicant of Organization
(Signature)
Digital Document Confirmation by gov.gr:
https://www.gov.gr/ipiresies/polites-kai-kathemerinoteta/psephiaka-eggrapha-gov-gr/psephiake-
<u>bebaiose-eggraphou</u>
or
Qualified electronic signature according to eIDAS
or
Handwritten signature before a Citizens Service Centre (i.e., "ΚΕΠ") or Police Station or
Administrative Authority

or
Apostilled (for applicants living outside in Greece/Cyprus)