

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

To be filled in and signed by the subscriber and authorized representative of the organization.

To be filled in by the Athens Stock Exchange

Reception Date	<input type="text"/>
Prot. No.	<input type="text"/>
Jira Issue of qualification	<input type="text"/>
Full name RA	<input type="text"/>
Signature RA	<input type="text"/>
Subscriber Number	<input type="text"/>

### I. PURPOSE(S) OF CLIENT AUTHENTICATION CERTIFICATE

Select the systems for which the client authentication certificate is going to be deployed.

Any of the following: <ul style="list-style-type: none"> <li>• ATHEX-Trading System</li> <li>• CSE – Trading System,</li> <li>• HEnEx – Trading Derivative System</li> </ul>
HEnEx – Trading Spot System
ATHEX – Clearing System
EnExClear – Clearing System
CSE Clearing System

### II. PARTICULARS OF THE LEGAL SUBSCRIBER'S PUBLIC IDENTIFICATION DOCUMENT

The public identification document must include the number, name and surname in Latin.

All of the following fields must be filled in exactly as indicated on the identification document.

	Passport	ID Card	Other Type
TYPE OF IDENTIFICATION DOCUMENT ("Other Type" when there is no Passport/ID)			
IDENTIFICATION DOCUMENT NUMBER (It will be registered to the certificate in Latin)			
ISSUING AUTHORITY			
NATIONALITY (It will be registered to the certificate)			
IDENTIFICATION DOCUMENT EXPIRATION DATE	If indicated on the document		
GIVEN NAMES IN LATIN CHARACTERS (It will be registered to the certificate)			
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			
DATE OF BIRTH			
PLACE OF BIRTH			

**II. SUBSCRIBER'S CONTACT DETAILS**

All of the following fields must be filled in.

<b>SUBSCRIBER'S E-MAIL</b> (It will be registered to the certificate)	
<b>MOBILE PHONE</b> (Required for the activation of certificate)	
<b>OFFICE PHONE</b>	

**III. PARTICULARS OF THE LEGAL AUTHORIZED REPRESENTATIVE'S PUBLIC IDENTIFICATION DOCUMENT**

All of the following fields must be filled in exactly as indicated on the identification document.

<b>TYPE OF IDENTIFICATION DOCUMENT</b> ("Other Type" when there is no Passport/ID)	Passport	ID Card	Other Type
<b>IDENTIFICATION DOCUMENT NUMBER</b>			
<b>ISSUING AUTHORITY</b>			
<b>NATIONALITY</b>			
<b>IDENTIFICATION DOCUMENT EXPIRATION DATE</b>	If indicated on the document		
<b>GIVEN NAMES</b>			
<b>SURNAME</b>			

**IV. AUTHORIZED REPRESENTATIVE'S CONTACT DETAILS**

All of the following fields must be filled in.

<b>SUBSCRIBER'S E-MAIL</b>	
<b>MOBILE PHONE</b>	
<b>OFFICE PHONE</b>	

**V. BILLING DETAILS**

<b>FULL NAME</b>		
<b>COMPANY NAME</b>		
<b>Tax Identification Number of COMPANY</b>	(Full company name, no abbreviations)	
<b>ADDRESS</b>	Tax Identification Number	Tax Office
<b>TELEPHONE</b>	Street	Number
<b>E-MAIL</b>	City	Postcode

**READ CAREFULLY AND SIGN**  
**(i) EITHER BEFORE A CERTIFYING PUBLIC AUTHORITY, OR**  
**(ii) EITHER BEFORE AN EMPLOYEE OF THE REGISTRATION SERVICE AT**  
**THE ATHENS STOCK EXCHANGE, OR**  
**(iii) USING QUALIFIED CERTIFICATE FOR ELECTRONIC SIGNATURE/SEAL**  
**BY EIDAS**

**Applicant**

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](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](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 and Declarant

.....  
(Signature)

Certification of signature  
authenticity or  
Qualified electronic signature/seal  
(eIDAS) here

**Authorized Representative**

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](https://www.athexgroup.gr/pki/-/file/ATHEX_TC_GR.pdf)

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Date: ...../...../ 20.....

The Authorized Representative

.....  
(Signature)

Certification of signature  
authenticity or  
Qualified electronic signature  
(eIDAS) here

Note: Attached herein duly certified copies of a public documents of identification (e.g. passport or identity card) used to prove the accuracy of the applicant's and authorized representative's personal data given in this application.

**AUTHORIZATION LETTER BY ORGANIZATION**

*Completed and signed by the authorized representative.*

**To:**

HELLENIC EXCHANGES-ATHENS STOCK EXCHANGE SA  
TRUST SERVICE PROVIDER (PKI-CA)

**Subject: Authorization of the applicant by the organization for the use of Trading and Clearing Systems**

I ..... hereby authorize the below applicant to apply to ATHEX for Client Authentication Certificate, in order to access and use:

Any of the following:

- ATHEX-Trading System
- CSE – Trading System,
- HEnEx – Trading Derivative System

HEnEx – Trading Spot System

ATHEX – Clearing System

EnExClear – Clearing System

CSE Clearing System

Organization Name: .....

Name of the Applicant: .....

This letter is for use solely in connection with the application-agreement for a Client Authentication Certificate by the Applicant dated ...../20...

.....  
(Signature of Authorized Representative)

Date: .....