

BLOCK BROKER APPOINTMENT FORM COMMODITIES

Please return this completed form to ms.gi@nasdaq.com

The undersign	ed,				
Name of Clea	ring Member:				(hereinafter "we")
appointed and Oslo ASA (the Exchange on othe accounts u	authorized the end "Exchange"), and our behalf. The Tra	er/Direct Clearing Member/Clearing Merity (ies) listed below (each being a Bloobelow each an "Exchange Member") to insactions so reported shall automaticated short code as indicated below with the us.	ck Broker Member or other Expression report Transactions pursuanuly be subject to Clearing and	change Membe t to the Block Tr shall be Registe	r under the Trading Rules of Nasdaq ade Facility Procedures of the ered on our behalf to our account(s) or
	-	nge Member's right to report Transactio ker Membership Agreement or other va	•	•	•
verification or Clearinghouse NEW/ Transac REMC behalf tr ADD A	investigation in eace and the Exchange REPLACE ANY Extions pursuant to the Bion Exponential to the Bio	ch case, until we notify the Clearinghouse shall have reasonable time to act on a XISTING APPOINTMENT(S) - The following cook Trade Facility Procedures on our behalf to be a XT(S) - The following Exchange Member(s) shall coount(s) with the Clearinghouse: - The following Exchange Member(s) shall be aut	se in writing that our appoints any notices received. In Exchange Member(s) shall be autregistered on our account(s) with the no longer be authorized to report Trathorized (in addition to existing appointments)	nent of the Exch horized (and replace Clearinghouse: nsactions pursuant to	any existing appointment(s)) to report the Block Trade Facility Procedures on our
Procedu		registered on our account(s) with the Clearinghous	Se:	\ DD\(\text{IN}\)	ITED BROKERS
Exchange NC	MPID	Member name	Exchange NC	MPID	Member name
Exchange NC	MPID	Member name	Exchange NC	MPID	Member name
Exchange NC	MPID	Member name	Exchange NC	MPID	Member name
Rules issued b	•	d words in this form shall have the mea se (as applicable to us).	•	g Rules issued b	by the Exchange and/or the Clearing (NCMs MPID if applicable)
Da	ate	AUTHO Signa	RIZED SIGNATURE		Name and Title in print
		der to effectuate this Block Broker Appointment Fo			



ADDITIONAL APPOINTMENTS

APPOINTED BROKERS						
Exchange	MPID	Member name				
NC						
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APPOINTED BROKERS					
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