



FOR MORE INFORMATION, PLEASE SCAN.

AUTHORIZATION FORM COMMODITIES

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

Please note that all information requested in the form must be provided. Any individual(s) appointed hereunder must be adequately trained and experienced to fulfill its designated function, and be familiar with the Clearing Rules and the general operations of the member vis-a-vis the Clearinghouse in respect of such function. The individual must normally be available for contact during Opening Hours. The individual(s) will be deemed generally authorized to act on behalf of the member in respect of its designated function.

COMPANY NAME			
MEMBER CATEGORY		PARTICIPANT ID (MPID)	

DOCUMENT STATUS	<input type="checkbox"/> New/Replacement <small>(This will replace all previous forms)</small>	<input type="checkbox"/> Additional Information <small>(Adding additional Contact Person)</small>
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NEW AUTHORIZED CONTACT PERSON			
TITLE			
CONTACT PHONE		CONTACT EMAIL	
SIGNATURE SAMPLE			

Please also include a copy of official ID (passport, national ID, driver's license) in case of new appointments.

ADDITIONAL INFORMATION	
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AUTHORIZED SIGNATURE			
DATE		NAME & TITLE	

Authorized signatures are required in order to effectuate this form and any amendments hereto. Authorized signatures are only made by (i) person(s) authorized as Contact Person(s) or (ii) person(s) having general signing authority for the member.

IN CASE OF SIGNATURE BY OTHER PERSONS THAN A CONTACT PERSON(S), PLEASE SUBMIT A COPY OF COMPANY CERTIFICATE OR SIMILAR DOCUMENT AUTHORIZING SIGNATURE TOGETHER WITH CERTIFIED COPY(IES) OF OFFICIAL ID (DRIVER'S LICENSE, PASSPORT OR SIMILAR) CONTAINING SIGNATURE SPECIMENS.

INQUIRIES REGARDING THIS FORM CAN BE DIRECTED AT
E-MAIL: MS.GI@NASDAQ.COM | TEL: +46 (0) 8 405 6660