

# ENTRY FORM

## COMMODITIES

Please return this completed form to [NordicMemberships@nasdaq.com](mailto:NordicMemberships@nasdaq.com)

|                |  |                  |                |      |
|----------------|--|------------------|----------------|------|
| COMPANY NAME   |  | MEMBER ID (MPID) | Exchange<br>NC | MPID |
| CONTACT PERSON |  | CONTACT PHONE    |                |      |
| CONTACT EMAIL  |  |                  |                |      |

|                 |                                                                                                          |                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT STATUS | <input type="checkbox"/> <b>New/Replacement</b><br><small>(This will replace all previous forms)</small> | <input type="checkbox"/> <b>Additional Information</b><br><small>(Amends existing information only to the extent specified herein or adding to previous information)</small> |
|-----------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                              |                                                                                               |                                                                                                                           |                                                                                                              |
|------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| COMMODITIES<br>MARKET ACCESS | <input type="checkbox"/> <b>Nordic Power - EUR</b><br><small>(Futures and DS Futures)</small> | <input type="checkbox"/> <b>European Energy - EUR</b><br><small>(German, French Power Futures, Renewable Futures)</small> | <input type="checkbox"/> <b>European Energy – EUR</b><br><small>(Power &amp; Gas Monthly DS Futures)</small> |
|                              | <input type="checkbox"/> <b>Freight, Fuel Oil - USD</b>                                       | <input type="checkbox"/> <b>Electricity Certificates - SEK</b>                                                            | <input type="checkbox"/> <b>Ferrous products - USD</b><br><small>(Bulk &amp; Steel)</small>                  |
|                              | <input type="checkbox"/> <b>UK Energy – GBP</b><br><small>(Power &amp; Gas Futures)</small>   | <input type="checkbox"/> <b>UK Energy – GBP</b><br><small>(Power &amp; Gas Monthly DS Futures)</small>                    | <input type="checkbox"/> <b>European Allowances - EUR</b>                                                    |
|                              | <input type="checkbox"/> <b>Seafood - NOK</b>                                                 |                                                                                                                           |                                                                                                              |

|                           |  |
|---------------------------|--|
| ADDITIONAL<br>INFORMATION |  |
|---------------------------|--|

| AUTHORIZED SIGNATURE OF MEMBER |                      |
|--------------------------------|----------------------|
| Date                           | Authorized Signature |
| Place                          | Name and Title       |

| APPROVAL FROM GCM <i>(ONLY FOR NCM APPLICANTS)</i> |                      |
|----------------------------------------------------|----------------------|
| Date                                               | Authorized Signature |
| Place                                              | Name and 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: [NORDICMEMBERSHIPS@NASDAQ.COM](mailto:NORDICMEMBERSHIPS@NASDAQ.COM)