

EUEDEX SRL
Activation Request

ACTIVATION

- COMPANY NAME: _____
- EUEDEX MEMBERSHIP NUMBER: _____
- TYPE OF MEMBERSHIP: _____
- DATE MEMBERSHIP APPROVED: _____
- AUTHORIZED REPRESENTATIVE: _____
 - NAME: _____
 - POSITION: _____
- CONTACT INFORMATION: _____
 - TELEPHONE: _____
 - E-MAIL: _____

I am/we are the undersigned have been approved as active members of EUEDEX Commodity Exchange and have complied with all rules and regulations regarding the membership. I/we would like to have access to the EUEDEX Pro system and use EUEDEX Pro terminal. (Please check corresponding usage):

- As an Exclusive platform
- As a Non-exclusive platform (check if you are planning to use other platforms not supplied by EUEDEX in addition to EUEDEX Pro-terminal)

I/we understand and accept all the provisions concerning the fees, disclosures and other conditions outlined in the rules and regulations of EUEDEX .

.....
Signature of Authorized representative

.....
Date:

Please fill out the entire Application and send it as an attachment to info@euedex.com The applicant must initial the bottom of each page as authorization of this Application.
