## Application for Authorisation of a System granting Direct Market Access (DMA) according to §2 (9) Stock Exchange Act



Eurex Deutschland	Applicant  * Name of the applying exchange participant		
c/o Eurex Frankfurt AG			
Group Client Key Account Management 60485 Frankfurt am Main Germany	* Address 1		* Street No
	* Address 2		
	* Zip Code * City		
	* Country		
	* Value Added Tax Identification Number (EU-countries only)		
	Contact person		
	* First name / Last name		
	* Telephone	Fax	
* Eurex Member ID	* E-mail		
Herewith we apply for the authorisation to connect interface pursuant to § 61 Exchange Rules for Europe Rule	ct a DMA system (-s) to	the Eurex trading systen	n via the offered
We are aware that we remain responsible for ord with the exchange regulations according to §19 a			being compliant
We guarantee that at all times we will uphold the Eurex Deutschland as regards connecting and op-			ange Rules for
In particular, we are aware that the forwarding of the Eurex Exchange via an DMA System by an E the respective consent of the Boards of Managen Rules for Eurex Deutschland.	xchange Participant to	third parties requires	

Company stamp and authorised signature

(Company name in print letters)

\*Date

\* Place