|  |  |
| --- | --- |
| **APPLICATION-AGREEMENT FOR** **CLIENT AUTHENTICATION CERTIFICATE AT ALBANIA POWER EXCHANGE (ALPEX) SYSTEMS**To be filled in and signed by the subscriber. | To be filled in by the Athens Stock Exchange |
|  |  |  |  |
|  | Reception Date |  |  |
|  | Prot. No. |  |  |
|  | Jira Issue of qualification |  |  |
|  | Full name RA |  |  |
|  | Signature RA |  |  |
|  | Subscriber Number |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |

## PURPOSE(S) OF CLIENT AUTHENTICATION CERTIFICATE

Select the system(s) for which the client authentication certificate is going to be deployed, by filling in the “x” letter in the corresponding box(es).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | ALPEX – Energy Trading Spot System (ETSS) [ ]  |  |
|  | ALPEX – Energy Market Clearing System (EMCS) [ ]  |  |
|  |  |  |  |

## PARTICULARS OF THE SUBSCRIBER’S PUBLIC IDENTIFICATION DOCUMENT

The public identification document shall include the number, name and surname in Latin. Please fill in the “x” letter in the box of the type of identification document you select. All of the following fields shall be filled in exactly as indicated on the identification document.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | TYPE OF IDENTIFICATION DOCUMENT ("Other Type" when there is no Passport/ID) | Passport [ ]  | ID Card [ ]  | Other Type [ ]  |  |
|  | IDENTIFICATION DOCUMENT NUMBER(It may be registered to the certificate in Latin) |  |  |
|  | ISSUING AUTHORITY |  |  |
|  | NATIONALITY(It will be registered to the certificate) |  |  |
|  | IDENTIFICATION DOCUMENT EXPIRATION DATE |  |  |
| If indicated on the document |
|  | GIVEN NAMES IN LATIN CHARACTERS(It will be registered to the certificate) |  |  |
|  | SURNAME IN LATIN CHARACTERS(It will be registered to the certificate) |  |  |
|  | FATHER’S NAME |  |  |
|  | MOTHER’S NAME |  |  |
|  | DATE OF BIRTH |  |  |
|  |  |  |  |  |  |

## SUBSCRIBER’S DETAILS

All of the following fields shall be filled in.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | E-MAIL |  |  |
|  | MOBILE PHONE |  |  |
|  |
|  | OFFICE PHONE |  |  |
|  |  |  |

## BILLING DETAILS

All of the following fields shall be filled in.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | CONTACT PERSON FOR BILLING INFO |  |  |
|  | E-MAIL FOR BILLING INFO |  |  |
|  | COMPANY NAME | (Full name of the company, no abbreviations) |  |
|  | TAX IDENTIFICATION NUMBER OF COMPANY | Tax Identification Number  | Tax Office |  |
|  | ADDRESS | Street | Number |  |
|  |  | City | Postcode |  |
|  | TELEPHONE |  |  |
|  |  |  |  |  |  |  |

## SUPPORTING DOCUMENTS

For each document accompanying the application, fill in the “x” letter in the corresponding box.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Copy of a public document of identification [ ] E.g., passport or identity card. |  |
|  |  |  |  |  |  |

By signing this application-agreement I hereby expressly declare and accept the terms and conditions posted at the following link:
<https://www.athexgroup.gr/pki/-/file/ATHEX_TC_EN.pdf>

1**.** My particulars stated in this application are accurate and I accept their processing by the Athens Stock Exchange, any lawful successor and entities affiliated with it, for the provision of the Trust Services, in accordance with the terms herein (and in particular article 8).

2**.** I have carefully read the above terms and conditions, all of which I accept unconditionally, and declare that I have read "Athex PKI Disclosure Statement" (posted at the following link <https://www.athexgroup.gr/pki/-/file/ATHEX_PDS_EN.pdf> ), with a summary of the terms, conditions and information contained in the "Certificate Policy and Certificate Practices Statement for ATHEX Root CA G3 and ATHEX RSA Root CA G4 R1Certificates" governing the use of the PKCS #12 file of my private keys and certificates.

Date: ........./.........../ 20.......

The Subscriber of Organization

………………………………………………………………………..

(Signature)

Handwritten signature before approver

or

National Electronic Signature

 or

Qualified electronic signature according to eIDAS

*The following should be filled in by the approver of the Client Authentication Certificate Request*

|  |  |  |  |
| --- | --- | --- | --- |
| I |  | with |  |
|  | *Please fill in your first and last name* |  | *Please fill in your ID type and ID number* |
| hereby approve the Client Authentication Certificate Request submitted by the subscriber,  |
|  |
| for accessing and using the ALPEX systems, specified at the table I, on behalf of the organization |
|  |
| specified at the table V, for the time period equal to the validity period of his/her respective client authentication |
|  |
| certificate. |

Date: ........./.........../ 20.......

The Approver

………………………………………………………………………..

(Signature)

National Electronic Signature

or

Qualified electronic signature according to eIDAS

or

Apostilled