



 <b>QUALIFIED TRUST SERVICE PROVIDER</b> <small>compliant with eIDAS</small>	<b>ATHEX Trust Services Center</b> DIGITAL SIGNATURES / CERTIFICATES <i>Member of European Trusted List Service Providers</i>
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**SUBSCRIBER APPLICATION AGREEMENT**  
**FOR**  
**THE SUPPLY AND USE OF PERSONAL**  
**MARKET TRADING & CLEARING SYSTEMS**  
**CERTIFICATE CLIENT AUTHENTICATION**

**To be filled by ATHEX**

Registration Authority	<b>01</b>
Registration Authority Reception Date	
Prot. No. Registration Authority	
Registration Authority Approval Date	
Registration Authority Officer Signature	

This application serves also as an Agreement between the applicant and HELLENIC EXCHANGES-ATHENS STOCK EXCHANGE SA (ATHEX), under the following terms, solely and only when the competent Registration Authority (RA) of the Local Submission Authority (LSA) of Digital Certificates Services (DCS) of HELLENIC EXCHANGES-ATHENS STOCK EXCHANGE SA approves it, after checking the completion and correctness of all the supporting documents, and issuing the relevant certificates to the subscriber. This Application-Agreement must be signed both, by the applicant and the authorised representative, in person, on the last page, or signed by physical presence (unless a duly mandated subscriber represents them) directly to an authorized HELLENIC EXCHANGES-ATHENS STOCK EXCHANGE SA LSA RA officer, or indirectly using means, which provide equivalent assurance to physical presence (e.g. PUBLIC AUTHORITY, certifying the authenticity of the signature).

**To be completed by the applicant - party in LATIN uppercase characters**

A. PURPOSE OF CERTIFICATE	
Any of the following: <ul style="list-style-type: none"> <li>ATHEX - Trading System</li> <li>CSE - Trading System</li> <li>HEnEx – Trading Derivative System</li> </ul>	
HEnEx - Trading Spot System	
ATHEX - Clearing System	
EnExClear - Clearing System	
CSE Clearing System	
B. BASIC CERTIFICATE DETAILS	
Validity	1Y
Carrier Certificate Type	Software-based (.p12 file)
C. INFORMATION TO BE MENTIONED ON THE CERTIFICATE (CERTIFICATE SIGNING REQUEST – CSR - Not Required)	
Given name(s) (G) * <small>(First name of the natural person)</small>	
Surname (SN) * <small>(Surname name of the natural person)</small>	
Country (C) * <small>(International code)</small>	
Organization (O) * <small>(Organization Name of the Natural Person)</small>	
Email (E) * <small>(Natural Person's business e-mail address)</small>	
D1. REQUIRED IDENTIFICATION DOCUMENTS OF THE APPLICANT (in legally certified copy)	
Type of proof of identity *	Passport      ID card
Number of proof of identity *	
Proof of identity valid until * <small>(Date of issue and Date of expiry)</small>	
Issuing Authority *	

D2. REQUIRED IDENTIFICATION DETAILS OF THE APPLICANT	
Date of birth *	
Nationality *	
Personal business telephone number *	
E. ORGANIZATION INFORMATION OF THE APPLICANT (for contact / pricing)	
COMPANY NAME*	
TAX IDENTIFICATION NUMBER/TAX OFFICE* TIN Tax Office	
ADDRESS* Street – Number City/Town Postal code Province	
TELEPHONE – FAX – E-MAIL* telephone fax e-mail	
F. AUTHORISED REPRESENTATIVE (s) DETAILS	
NAME AND SURNAME*	
PHONE - FAX * (business Phone-Fax Number)	
E-MAIL* (business e-mail address)	
G. REQUIRED IDENTIFICATION DOCUMENTS OF THE AUTHORISED REPRESENTATIVE (in legally certified copy)	
Type of proof of identity *	Passport ID card
Number of proof of identity *	
Proof of identity valid until * (Date of issue and Date of expiry)	
Issuing Authority *	

**\*this information is required**

### LOCAL SUBMISSION AUTHORITY

*(To be completed and signed by an authorized Administrator of the Local Submission Authority (LSA) of the DCS Network of ATHEX)*

LSA Name	Prot. No	Protocol Date No	Full name of LSA Administrator	Signature of LSA Administrator

**Note:** Attached hereto is submitted a duly certified copy of a public document of identification (e.g. passport or identity card) used to prove the accuracy of each of the applicants' personal data given in this application.

## STATEMENTS

### Correctness of the data

By signing this application, the applicant and authorised representative declare that the information given in the certificate request is correct and true.

### Acceptance of General terms and conditions and Service Regulations

We (applicant and authorised representative) accept the general terms, conditions, service policies, and practices of the ATHEX Certification Authority related to the certificate requested by the applicant on behalf of the organization. Organization undertakes to pay the service fees based on the price policy of the ATHEX Certification Authority :

- [Client Authentication Certificate Policy](#)

### Consent to data management

We (applicant and authorised representative) agree that ATHEX as a data controller must reconcile our data as part of the certificate application with a legitimate record in accordance with its statutory obligations and keep track of it for the issuance and maintenance of the certificate. We (applicant and authorised representative ) have been adequately informed about the purpose, legal basis, duration of data handling, and my rights related to data management through the current CP/CPS documents of ATHEX:

- [Client Authentication Certificate Policy](#)

## AUTHORIZATION LETTER BY ORGANIZATION

To:

HELLENIC EXCHANGES-ATHENS STOCK EXCHANGE SA  
DIGITAL CERTIFICATES SERVICES (PKI-CA)

### Subject: Authorization of the applicant by the organization for the use of Trading and Clearing Systems

I \_\_\_\_\_ hereby authorize the below applicant to apply to ATHEX for Digital Certificate, in order to access and use any Market Trading and Clearing Systems through Internet on behalf of the Organization.

Organization Name: \_\_\_\_\_

Name of the Applicant \_\_\_\_\_

This letter is for use solely in connection with the application for a Client Authentication Certificate by the Applicant dated ....., 20.....

For the Organization,

(Organization Seal & Signature)

Name: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BEFORE A CERTIFYING PUBLIC AUTHORITY  
OR AUTHORIZED RA OFFICER OF THE LSA NETWORK OF ATHEX**

**Natural Person in Organization**

By signing this application-agreement, I hereby expressly declare and accept that:

1) My particulars stated in this application are accurate and I accept their processing by ATHEX, any lawful successor and entities affiliated with it, for the provision of the Digital Certification Services, in accordance with the terms herein.

2) I have carefully read the above terms and I unreservedly accept all of them and declare that I am aware of the terms, conditions and information contained in the "Certification Policy" of ATHEX governing the use of the certificate and the relevant private keys.

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

The Applicant and Declarant

.....

*(Sign and seal here)*

Certification of signature authenticity here

**Authorized Representative (s)**

By signing this application-agreement, I hereby expressly declare and accept that:

1) My particulars stated in this application are accurate and I accept their processing by ATHEX, any lawful successor and entities affiliated with it, for the provision of the Digital Certification Services, in accordance with the terms herein.

2) I have carefully read the above terms and I unreservedly accept all of them and declare that I am aware of the terms, conditions and information contained in the "Certification Policy" of ATHEX governing the use of the certificate and the relevant private keys.

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

The Applicant and Declarant

.....

*(Sign here)*

Certification of signature authenticity here