Model G03

Participant’s Commercial Contacts

*[One form per each Participant status]*

1. **Member/Settlement Agent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership Type: | *Trading Member* |  | *Physical Settlement Agent* |  |
|  | *Clearing Member* |  | *Financial Settlement Agent* |  |

1. **Commercial Contact Identification\*:**

|  |  |  |
| --- | --- | --- |
| *Name:* |  |  |
| *Position:* |  |  |
| *Address:* |  |  |
| *City/Post Code:* |  | *Country:* |
| *Telephone:* |  | *Fax:* |
| *E-mail:* |  |  |

*\* Please fill in the fields considered relevant*

|  |
| --- |
| **Date:**  \_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ |

|  |
| --- |
|  |
| *Member/Agent’s Authorised Representative Signature* |