

**RRM APPLICATION FORM**

Date of application

Corporate name of the entity requesting registration as RRM

Web-site and core business

Legal address

Name of the person assuming the responsibility of the application as RRM Administrator as empowered in the Power of Attorney

Contact details of the person assuming the responsibility of the application as RRM Administrator (address, phone number, email)

Name of the person responsible for the compliance of the RRM

Contact details of the person(s) responsible for the compliance of the RRM (address, phone number, email)

Data type for which the requesting entity is applying to be registered

Number of market participants on whose behalf the RRM will report

Starting date of reporting

Special arrangements in place with the market participants (if applicable)

Other relevant information (if applicable)

Signed by .....

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