

APPENDIX 4: Individual User account form

This form shall be validly signed and delivered in PDF format via JAO's Service Desk.

Name of the Registered Participant (Company name)			
EIC code			
The Registered Participant requests an ind	ividual User account with the following details*:		
Setup of a User rights modification $*$ select (\checkmark) the pertinent option (choose one)	User account User account update** User account deletion		
Requested User Account Type			
Full access Read only access			
Individual user account information			
Name and surname of the User:			
Username: (not required in case of setup of a new account)			
Certificate Serial number: (can be found under Details tab as Serial number)			
E-mail address of the user:			
Phone number of the user:			

On the basis of the applicable Allocation Rules and/or additional rules defined by the Participation Agreement, the content of which is known to the aforementioned person, the person with full access is authorized to perform operations and execute business transactions in the Auction Tool in accordance with the User's rights, and in such a case, represents the Registered Participant specified above.

The aforementioned person with full access is also authorized to execute business transactions with the JAO S.A. outside of the Auction Tool in the event of fallback procedure application introduced in accordance with the Allocation Rules and/or additional rules defined by the Participation Agreement to the extent this fallback procedure replaces the communication via the Auction Tool.

Signature(s) of the Registered Participant

(Authorized representative(s) of the company in line with the Commercial extract. In case powers are not clear from the Commercial extract, other official document(s) can be provided in order to evidence the signatory rights as Minutes of the Board of Directors (or applicable), Articles of Association (or applicable), or a Power of Attorney.)

**In case of updating an existing user account with a new certificate, or an email address, or a telephone number, the document does not need to be signed.

Authorized representative(s)		User
Name:	Name:	Name:
Date:	Date:	Date:
Place:	Place:	Place:
Signature:	Signature:	Signature:

Only electronically filled forms will be accepted. Handwritten ones will be rejected.

15/09/2021

Information System Rules