

## ETF RETAIL LIQUIDITY PROVIDER (RLP) PRICING - OPTION SELECTION

Please complete the form with the RLP details and return it to [etf@euronext.com](mailto:etf@euronext.com) no later than five business days before month-end.

### 1. DETAILS OF FIRM

Member Company Name(s):*		
Member Code(s):		

\*Group name if available

### 2. RLP OPTION SELECTION

	<b>Apply / Change</b> ETF RLP pricing Package: <b>specify Package 1 or Package 2</b>	<b>Remove</b> ETF RLP scheme	From which month
ETF RLP with relevant pricing package:			

### 3. CONTACTS

Contact name:	
Job title:	
Telephone number:	
Email address:	

### 4. SIGNATURE BY A DULY AUTHORISED PERSON

Print full name	Signature	Date