



SEMOpX -

Date: 10/03/2023

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Revision: 6.0

SEMOPx – Exchange Committee Membership Application and Undertaking

This form is part of the application requirements for SEMOPx Exchange Committee Members.

- Please refer to the Glossary of Terms available from the SEMOPx website for more detailed descriptions of each item.
- It is recommended to complete the form electronically before signing, scanning and sending to SEMOPx.
- PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

1. Applicant Details

Please provide details of the person who should be contacted regarding this application.

Please complete the relevant contact details below – Election Nominees should complete the Member position and Alternate position sections. If wishing to join an Exchange Committee meeting as an Observer please only complete the Observer section below.

Member Position

Name

Email Address

Contact Phone Number

Alternate Position

(The Alternate position will only be enacted should the Member be unable to join an Exchange Committee meeting. The Alternate will only join meetings when the Member is unavailable and in these circumstances only may they join the meeting and vote if called upon to do so. The Alternate participation must be confirmed in advance of any meeting. The purpose of this role is to ensure that Exchange Committee meetings can proceed with a quorum achieved.)

Name

Email Address

Contact Phone Number

Observer Application

Name

Email Address

Contact Phone Number

2. Company Details

Please provide details of the company which you represent at the SEMOPx Exchange Committee.

2 (a) Member Name

Registered Company Name

Company Registration No.

2 (b) Registered Company Address

Please provide the registered company address of the Party.

Care of

Address 1

Address 2

Address 3

City

Postcode

County

Country

2 (c) Mailing Address

Please provide the address to be used for correspondence.

Care of	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

3. Undertaking and Signature

I undertake to comply with the SEMOpx Rules and the SEMOpx Procedures and to adhere to the confidentiality requirements specified in particular Section B.2.7.1 of the SEMOpx Rules.

I accept and agree that as a member of the Exchange Committee, I must maintain the strict confidentiality of all confidential information which I receive in the course of my duties as an Exchange Committee member, unless and until after any such information subsequently becomes publicly available or disclosure is required by law.

This Exchange Committee Membership Application and Undertaking must be signed by a lawfully appointed director of the Party.

Name (please print)

Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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