



Annex 2

Distributor's Profile

Distributor's Details	
Name	
Address	
Billing Address (if different)	
EU TAX number (for EU members only)	
Commencement Date	
Effective Date of Change	
Applicable Changes	
Receipt of Information	<p>Direct Exchange Feed:</p> <p>-Vienna Stock Exchange ADH <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 150px;">rapid ADH <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 150px;">iADH <input type="checkbox"/> <input type="checkbox"/></p> <p>Trading System:</p> <p>-CEESEG FIX <input type="checkbox"/> <input type="checkbox"/></p> <p>-EnBS <input type="checkbox"/> <input type="checkbox"/></p> <p>-MDI <input type="checkbox"/> <input type="checkbox"/></p> <p>-Values API <input type="checkbox"/> <input type="checkbox"/></p> <p>Other Physical Access Point:</p> <p>-FTP protocol (end of day) <input type="checkbox"/> <input type="checkbox"/></p> <p>Indirectly, via other Distributor(s) <input type="checkbox"/> <input type="checkbox"/></p> <p>Name of the Distributor(s):.....</p>
Information Package	<p>Real-time Lvl 20 Package (rapidADH) <input type="checkbox"/> <input type="checkbox"/></p> <p>Real-time Lvl 10 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Real-time Lvl 5 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Real-time Lvl 1 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Delayed Lvl 10 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Delayed Lvl 5 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Delayed Lvl 1 Package <input type="checkbox"/> <input type="checkbox"/></p> <p>End-of-Day Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Real Time Index Package <input type="checkbox"/> <input type="checkbox"/></p> <p>End of Day Index Package Internal <input type="checkbox"/> <input type="checkbox"/></p> <p>End of Day Index Package External <input type="checkbox"/> <input type="checkbox"/></p> <p>Reference Data <input type="checkbox"/> <input type="checkbox"/></p>



Applicable NDU License:	<input type="checkbox"/> NDU MTF <input type="checkbox"/> NDU SI <input type="checkbox"/> NDU Off-Exchange Trading <input type="checkbox"/> NDU Trading <input type="checkbox"/> NDU Other Number of Locations <input type="checkbox"/> or <input type="checkbox"/> Licensee's Group <input type="checkbox"/> Real-time <input type="checkbox"/> Delayed
APA Market Data Package	Yes <input type="checkbox"/> No <input type="checkbox"/>
MiFID II.	<input type="checkbox"/> Pre-trade <input type="checkbox"/> Post-Trade <input type="checkbox"/> N/A <input type="checkbox"/> Real-time <input type="checkbox"/> Delayed <input type="checkbox"/> Level 20 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 1

Distributor's Group Profile	
Affiliated Companies?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Service Facilitators?	Yes * <input type="checkbox"/> No <input type="checkbox"/>
* If Yes, please supply details below	

Distributor's Group Members		
Affiliated Companies		
Name	Registered Address	Distributor's Group Holding (%)*

* Where Distributor's Group includes holding company and other subsidiaries of holding company, Distributor's Group Holding for each Affiliated Company should be the total (%) holding controlled by Group companies.

Service Facilitators approved by BSE*		
Name	Registered Address	Pls describe the cooperation



* Please Indicate Service Facilitators currently added to the list proposed to be approved by BSE

Distributor Contacts Authorized to deal with BSE		
	Main contact	Secondary contact
Contract Notices and Amendments		
First Name:		
Last Name:		
Title:		
Phone:		
Fax:		
Email:		
Information Management		
First Name:		
Last Name:		
Title:		
Phone:		
Fax:		
Email:		
Administration/Reporting/Payment		
First Name:		
Last Name:		
Title:		
Phone:		
Fax:		
Email:		

Distributor

By _____

Name _____

Title _____

Date _____

By _____

Budapest Stock Exchange Ltd.

By _____

Name **István MÁTÉ-TÓTH**

Title **Deputy CEO of Business Development**

Date _____

By _____



Name

Title

Date

Name

Title

Date

Katalin SÁMEL

Chief Financial Officer