

Appendix to Service Order Form

Member ID EEX*

EPEX Spot Company*

EPEX Spot Portfolio*

Package Name* **

Delivery Area*

Package Iteration*

WEEK

MONTH

Accounts*

ALL

P1

P2

M1

M2

A5

A6

A7

A8

A9

Trader E-Mail(s)*

Trader Name (optional)

Trader Phone (optional)

Valid From*

(dd.mm.yyyy)

Valid To (optional)

(dd.mm.yyyy)

For CLIENT:

(company stamp)

Place, Date: _____

Signature(s):

* mandatory information

** Please note that the Nordic Zonal Futures have not yet been activated for the FTS service.