

SECDEX CLEARING MEMBERSHIP APPLICATION FORM

1. Introduction

This standard application form is submitted by the companies who want to become trading members of the SECDEX Clearing Limited (“SECDEX Clearing”).

Please contact the Membership Team who will explain the application process and advise you on other key considerations. SECDEX Clearing reserves the right to request further information or supporting documentation from applicants in order to determine their suitability for membership.

If you require further assistance in completing this form, Please contact the Membership Team on +230-4893975

Please return the completed form to the SECDEX Clearing Membership Team. Scanned copies of the form and supporting documents can be emailed to membership.clearing@secdex.net but an original signed copy of the application form must be sent to:

Membership Team
SECDEX Clearing
Providence,
Oceanic Motors Building,
Second Floor, Room No. F2-1,
Mahe, Seychelles

2. REQUIRED DOCUMENTS

The following Certified true copy of the supporting documents should be submitted together with this application form:

1. Memorandum and Articles of Incorporation of the applicant.
2. Certificate of Incorporation.
3. Proof of address of the applicant business, e.g. bank statement / utility bill.
4. Applicant's business' Financial Services license.
5. Official corporate documents - Register of Directors , shareholders and company secretary/ partners
6. Structural chart of the company.
7. All Directors to provide a clear copy of their passport and one recent utility bill or bank statement issued in last 90 days (mobile phones and P.O Box addresses are not accepted). SECDEX Clearing reserves the right to request for additional Enhance Due Diligence (EDD).
8. All beneficial owners of 20% or more of the shares of the applicant business and anyone else with less that 20% of the shares but who exercises the control over the applicant business to provide a clear copy of their passport and one recent utility bill or bank statement issued in last 90 days (mobile phones and P.O Box addresses are not accepted). SECDEX Clearing reserves the right to request for additional EDD.
9. If the authorised signatories* are not the directors , then they must also provide a clear copy of their passport and one recent utility bill or bank statement issued in last 90 days(mobile phones and P.O Box addresses are not accepted). SECDEX Clearing reserves the right to request for additional EDD. Please provide evidence (e.g. in the form of board minutes or other evidence acceptable to the SECDEX Clearing) that appoints authorised signatories on behalf of the Applicant
10. Latest audited accounts or if the applicant has not yet commenced business or has no audited accounts, the applicant must provide a budgeted Profit and Loss Account for the 12-month period following the date or proposed date of commencement of business together with an estimated Balance Sheet as at the end of that twelve month period.
11. Provide the details of Key Contacts**, who will be responsible for the business on the SECDEX Exchange and the contact for Invoicing*** for SECDEX Exchange Finance Department.

*Please refer to Appendix E for Authorised Signatory List.

**Please refer to Appendix A for Key Contacts.

***Please refer to Appendix E for Invoicing.

3. Applicant Details

Name of Legal Entity:	
Country of Incorporation:	
Company Number:	
License No:	
Trading name :	
Legal Entity Identifier (LEI Code)	
Broker Instrument Code (BIC)	
Name of Trading Member at SECDEX	

Registered Address	
Street address	
City/Town	
State/Province	
Zip/Postal Code	
Country	

Business Address (if different from above)	
Street address	
City/Town	
State/Province	
Zip/Postal Code	
Country	
Head Office Address (If Different from Registered office address)	

4. Branch Office Details

If the applicant above has a branch office that will also access the SECDEX Clearing, please provide details of the office(s) below.

If the applicant has an affiliate firm that is not a branch but requires SECDEX Clearing access, that affiliate will need to complete its own Member application form.

Name of Branch Office	
Address of Branch Office	

5. Primary contact for SECDEX Member Application

Please provide details of the person at your firm that will be the primary contact for SECDEX Clearing Member queries and will be responsible for the SECDEX Clearing application process.

Name of primary contact	
Position held at applicant firm	
Telephone number	
Email address	

6. Key Appointments Details

DIRECTORS

Information is required from all directors. For further information on which documents are acceptable, please refer page 2 (Required Documents)

DIRECTOR 1	DIRECTOR 2
FULL NAME	FULL NAME
DATE OF BIRTH (YYYY MM DD)	DATE OF BIRTH (YYYY MM DD)
PLACE OF BIRTH	PLACE OF BIRTH
NATIONALITY	NATIONALITY
ADDRESS	ADDRESS
IDENTITY DOCUMENT TYPE	IDENTITY DOCUMENT TYPE
ADDRESS DOCUMENT TYPE	ADDRESS DOCUMENT TYPE
AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)	AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)

*PLEASE ATTACH A COPY OF EACH DOCUMENT OF YOUR SUBMISSION

Please refer to Appendix C to Add More Directors

ULTIMATE BENEFICIAL OWNERS

Information is required from all ultimate beneficial owners holding 20% or more shares. For further information on which documents are acceptable, please refer page 2 (Required Documents)

ULTIMATE BENEFICIAL OWNER 1	ULTIMATE BENEFICIAL OWNER 2
FULL NAME	FULL NAME
DATE OF BIRTH (YYYY MM DD)	DATE OF BIRTH (YYYY MM DD)
PLACE OF BIRTH	PLACE OF BIRTH
NATIONALITY	NATIONALITY
ADDRESS	ADDRESS
IDENTITY DOCUMENT TYPE*	IDENTITY DOCUMENT TYPE*
ADDRESS DOCUMENT TYPE*	ADDRESS DOCUMENT TYPE*
PERCENTAGE OF COMPANY OWNED	PERCENTAGE OF COMPANY OWNED

***PLEASE ATTACH A COPY OF EACH DOCUMENT OF YOUR SUBMISSION**

Please refer to Appendix D to Add More UBO's.

7. BUSINESS INFORMATION

This section is to provide, Name and Address of Auditor

(Please provide a copy of the latest audited accounts or if the applicant has not yet commenced business or has no audited accounts, the applicant must supply a budgeted Profit and Loss Account for the twelve month period following the date or proposed date of commencement of business together with an estimated Balance Sheet as at the end of that 12-month period)

8. APPLICANT BANKING DEATILS

PRIMARY BANK DETAILS

ACCOUNT NAME:
BANK NAME:
ACCOUNT NUMBER:
IBAN NUMBER:
SWIFT OR BIC:
SORT CODE (IF APPLICABLE)

ALTERNATE BANK DETAILS

ACCOUNT NAME:
BANK NAME:
ACCOUNT NUMBER:
IBAN NUMBER:
SWIFT OR BIC:
SORT CODE (IF APPLICABLE)

9. Group Structure

Is the applicant part of a group?
YES / NO.

If YES, attach a “Company tree” of the Group structure showing percentages of equity share capital held in respect of all material subsidiaries of the ultimate holding company

10. Regulated Status

This section is to give SECDEX Clearing a complete regulatory profile of the applicant. If the applicant firm is not regulated, the applicant will be required to submit alternative evidence to support the application. Applicants who are not regulated should contact SECDEX Clearing Membership Team to seek further guidance.

Is your firm regulated?	
Name of regulator:	
Date of regulatory authorisation received?	
Please list the regulated activities that your firm is authorised to perform	
Please list the products in which your firm is authorised to provide regulated activities	
Is your firm a member of any trading	

venues?

If yes, please identify 3 significant trading venues of which your firm is a member and detail the type of member and products that are authorised to trade at each one in the following table:

Name of Trading Venue(s)	Type of Member (e.g. Market Maker)	Products Authorised to Trade at this Venue

11. APPLICANT PROFILE

Is the Applicant currently a member of any other Clearing House If so, please provide details?

Member Since (date)	Name of entity holding membership	Clearing House	Membership Capacity held

12. SECDEX CLEARING RULES COMPLIANCE

The applicant must confirm that it is familiar with the SECDEX Clearing Rules and that all staff of the applicant who will access the SECDEX Clearing have had / will have the appropriate training.

The SECDEX Clearing Rules have also been provided as part of the on-boarding pack. The Rules are also available on the SECDEX Clearing website where it will be updated from time to time.

The applicant must also confirm that it has in place the correct measures to prevent disorderly trading and give examples of these.

Please confirm:	
Your firm understands the SECDEX Clearing Rules?	
All traders who will access SECDEX Clearing have been appropriately trained	
That appropriate pre-trade risk limits have been set for each instrument	

Please describe what measures your firm has in place to prevent disorderly trading.

Please state all alerts which are in place.

13. DISCIPLINARY HISTORY AND RELATED MATTERS

This question relates to the activities of not only the applicant (including relevant persons) itself, but also of other entities within the group. The response should include events which the applicant considers material and which occurred in the last 5 years. If an applicant is uncertain about the materiality of a specific disciplinary proceeding or event, the matter should be disclosed.

Has the applicant or any other relevant parties within the group been:

1. Have you ever been subject to any proceedings of a disciplinary or criminal nature, or have been notified of any impending proceedings or of any investigation, which might lead to such proceedings?
2. Have you, or any business in which you have had controlling interest or have exercised significant influence, been investigated, disciplined, suspended or criticised by a regulatory or professional body, a court or tribunal, whether publicly or privately?
3. Have you ever been associated, in ownership or management capacity, with a company, partnership or other business association that has been refused registration, authorisation, membership or a licence to conduct trade, business or profession, or has had that registration, authorisation, membership or licence revoked, withdrawn or terminated?
4. As a result of the removal of the relevant licence, registration or other authority mentioned in question 3 above, have you ever been refused the right to carry on a trade, business or profession requiring a licence, registration or other authorisation?
5. Have you ever been subject of any justified complaint relating to regulated activities?
6. Have you ever been charged or convicted of any criminal offence, particularly an offence relating to dishonesty, fraud, financial crime or other criminal acts or been involved in acts of misfeasance or serious misconduct?
7. Have you ever contravened any of the requirements and standards of a regulatory body, professional body, government or its agencies?
8. Have you ever been a director, partner, or otherwise involved in the management, of a business that has gone into receivership, insolvency or liquidation while you have been connected with that business or within one year after that connection?
9. Have you ever been dismissed, asked to resign or resigned, from employment or from a position of trust, fiduciary appointment or similar because of questions about your honesty and integrity?
10. Does any Director(s), shareholder(s), partners(s), member(s) classify as politically exposed persons?

YES

NO

IF THE ANSWER TO ANY OF THESE QUESTIONS IS 'YES' PLEASE PROVIDE DETAILS ON SEPARATE PAGES WITH PROPER REFERENCING.

14. Membership Applicant Declaration

This section is a legally binding declaration and must be signed by two duly authorised signatories of the applicant.

The declaration confirms that the applicant named in the 'Member Details' section of this form is applying for access to the SECDEX Clearing. By signing, the applicant authorises SECDEX Clearing to pass information to and from any relevant regulatory authority as deemed necessary to process this application.

By signing below, the applicant acknowledges that all relevant staff have read and understood the SECDEX Clearing Rules published by SECDEX Clearing on its website from time to time, and agree to abide with them on a continuing basis. "Relevant staff" includes trading staff, compliance function staff, new joiners and any other staff with access to SECDEX Clearing.

The applicant confirms that this applicant has been approved by the applicant board and the information provided in this application is accurate and complete and agrees to notify SECDEX Clearing immediately if any information stated in this Participant application form changes.

If admitted as a SECDEX Clearing Member, the applicant:

1. Agrees to be bound by the SECDEX Clearing Rules.
2. Agree to be bound by the Rules of the Authority which are in force or may be in force from time to time;
3. Acknowledge our obligations under the Membership Rules and agree to notify the Authority of any significant changes to the information provided in this application;
4. Confirm that we are in compliance with all Laws and Regulations applicable to us; and
5. Confirm that the directors have considered the financial information of the Member and are satisfied that, the Member will be able to meet its liabilities as they fall due

APPENDIX A: KEY CONTACTS

Please provide details of the key contacts who will be responsible for the business on the SECDEX Clearing

MANAGEMENT/BOARD CONTACT

Full name :

Telephone No:

Date of birth:

Email:

CHIEF FINANCIAL OFFICER (CFO)

Full name :

Telephone No:

Date of birth:

Email:

COMPLIANCE OFFICER

Full name :

Telephone No:

Date of birth:

Email:

AML (Anti money laundering) CONTACT

Full name :

Telephone No:

Date of birth:

Email:

HEAD OF TRADING

Full name :

Telephone No:

Date of birth:

Email:

IT CONTACT

Full name :

Telephone No:

Date of birth:

Email:

APPENDIX B: CONTACT FOR INVOICING

This Appendix will be forwarded to the SECDEX Clearing Finance Department.

Applicant's statutory name

Mailing address

Contact person

Job title/position

Telephone no. (including extension)

Email address contact person

VAT (tax) registration no.

APPENDIX C – ADDITIONAL DIRECTORS

DIRECTOR 3	DIRECTOR 4
FULL NAME	FULL NAME
DATE OF BIRTH (YYYY MM DD)	DATE OF BIRTH (YYYY MM DD)
PLACE OF BIRTH	PLACE OF BIRTH
NATIONALITY	NATIONALITY
ADDRESS	ADDRESS
IDENTITY DOCUMENT TYPE*	IDENTITY DOCUMENT TYPE*
ADDRESS DOCUMENT TYPE*	ADDRESS DOCUMENT TYPE*
AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)	AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)

*PLEASE ATTACH A COPY OF EACH DOCUMENT OF YOUR SUBMISSION

If required, please attach a document with addition directors

APPENDIX D – ADDITIONAL ULTIMATE BENEFICIAL OWNERS	
ULTIMATE BENEFICIAL OWNERS 3	ULTIMATE BENEFICIAL OWNERS 4
FULL NAME	FULL NAME
DATE OF BIRTH (YYYY MM DD)	DATE OF BIRTH (YYYY MM DD)
PLACE OF BIRTH	PLACE OF BIRTH
NATIONALITY	NATIONALITY
ADDRESS	ADDRESS
IDENTITY DOCUMENT TYPE*	IDENTITY DOCUMENT TYPE*
ADDRESS DOCUMENT TYPE*	ADDRESS DOCUMENT TYPE*
PERCENTAGE OF COMPANY OWNED	PERCENTAGE OF COMPANY OWNED

*PLEASE ATTACH A COPY OF EACH DOCUMENT OF YOUR SUBMISSION

APPENDIX E - AUTHORISED SIGNATORIES	
AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
NAME	NAME
DATE OF BIRTH (YYYY MM DD)	DATE OF BIRTH (YYYY MM DD)
PLACE OF BIRTH	PLACE OF BIRTH
NATIONALITY	NATIONALITY
ADDRESS	ADDRESS
IDENTITY DOCUMENT TYPE*	IDENTITY DOCUMENT TYPE*
ADDRESS DOCUMENT TYPE*	ADDRESS DOCUMENT TYPE*
AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)	AUTHORISED SIGNATURE (HAND WRITTEN SIGNATURE REQUIRED)

*PLEASE ATTACH A COPY OF EACH DOCUMENT OF YOUR SUBMISSION
 Please provide the names and other requested information on all individuals who are authorised to sign off on administrative changes to the members account.