

Application form for IPsx Lead Advisers

May 2019

IPsx Lead Advisers application form

Introduction

This form should be completed by **Applicants** seeking to become an **IPsx Lead Adviser**.

All Member Firms are bound by the **IPsx Rules** and must ensure compliance with these rules. The Rulebook is available at ipsx.com/rules-and-guidance

Queries

If you have any queries regarding the completion of this form, please contact:

IPsx Market Regulation Team
+44 (0)20 3931 8765
regulation@ipsx.com

Send form to

Please return the completed application form to IPsx Market Regulation. Scanned copies of the form and supporting documents should be emailed to **regulation@ipsx.com**

If there is not enough space for any answer in this form, please complete the answer in a separate document and attach it with this application form.

Check list (before sending)

Scanned copies of the whole form ready to be emailed to the above address?

Scanned copies of the supporting documents ready to be emailed to the above address?

All signatures provided?

IPsx Lead Advisers application form

Please complete the form using **BLOCK CAPITALS** or typed and all signatures must be original or scanned electronic signatures.

Terms in **bold** in this form have the meaning given to them in the **IPsx Rules**.

A. Applicant information

Full name of the **Applicant**:

Trading name (if different):

Registered number:

LEI Code:

Registered office in country of incorporation:

| | |
|----------------------|-----------|
| Address: | |
| <input type="text"/> | |
| <input type="text"/> | |
| Town: | |
| Country: | Postcode: |
| Tel: | Email: |

Business address:

| | |
|----------------------|-----------|
| Address: | |
| <input type="text"/> | |
| <input type="text"/> | |
| Town: | |
| Country: | Postcode: |
| Tel: | Email: |

A1.

Legal status of the **Applicant** (e.g. public limited company, private limited company, limited liability partnership, etc.):

A2.

Place and date of company incorporation or formation:

| | |
|----------------------|----------------------------|
| <input type="text"/> | Date: <input type="text"/> |
|----------------------|----------------------------|

A3.

Is the **Applicant** authorised by the FCA or another EEA Competent Authority?

| | |
|------|-----|
| Yes: | No: |
|------|-----|

If yes, please state the name of the **Applicant's** Competent Authority and reference number:

A4.

Is the **Applicant** a member of a **designated professional body**?

| | |
|------|-----|
| Yes: | No: |
|------|-----|

If yes, please provide details of the relevant body (or bodies) and reference number(s):

A5.

Primary contact for the purposes of this application:

| | |
|--------|--------|
| Name: | Title: |
| Email: | Tel: |

A6.

If the **Applicant** is a private or unlisted company, please provide names of all the company's directors:

| Full name: | Position reference number: |
|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> |

A7.

If the **Applicant** is a private or unlisted company, please provide names of persons who own or control over 10% of its shares or voting rights:

| Full name: | % Shareholdings: | Relationship to the Applicant : |
|------------|------------------|--|
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A8.

If the **Applicant** is a private or unlisted company, please provide the names of any other persons who otherwise exercises control over the management of the company:

| Full name: | Relationship to the Applicant : |
|------------|--|
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A9.

Has the **Applicant** previously applied to be an **IPsx Lead Adviser**?

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|------|-----|
| Yes: | No: |
|------|-----|

If yes, please provide details of any previous applications, including the names of the directors/partners responsible for any previous application(s) and dates of submission:

| Contact: | Company: | Date: |
|----------|----------|-------|
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B. Disciplinary History

Please include details of any regulatory intervention, criticism or disciplinary action in relation to the firm or individuals of the firm that will be carrying out or have responsibility of activity on **IPsx**, where relying on membership of a designated professional body, any similar actions taken by that body. This should include the names of the individuals, the type of action, the date of the action and by which regulatory body:

C. Conflicts of Interest

C1.

Please confirm that a copy of the **Applicant's** Conflicts of Interest policy is provided alongside this application form:

Yes:

C2.

a) Please indicate what other services, if any, does the firm intend to provide on **IPsx**:

IPsx Approved Valuer

Yes:

Market Maker

Yes:

Broker

Yes:

b) If the **Applicant** does intend to provide other services on **IPsx**, please outline below how the **Applicant** plans to manage any conflicts of interest that may arise between these functions:

C3.

- a) Is the **Applicant** an investor in, or have any other relationship with IPSO Group Limited? Yes: No:
- b) If the **Applicant** has any interest in or relationship with IPSO Group Limited and its subsidiaries (including IPSO Group Limited Directors or other senior management), please outline below how the **Applicant** plans to manage any conflicts of interest that may arise:

C4.

If the **Applicant** has identified any other potential conflicts of interest which may arise if it were to become an **IPSO Lead Adviser**, please state them below. Please also outline how the **Applicant** plans to manage these potential conflicts of interest:

D2.

Please provide a list of transactions from the **Applicant's** previous experience that demonstrates suitable expertise to become an **IPsx Lead Adviser**. These transactions should have taken place within the three years preceding the date of this form. Appropriate examples of transactions should include applications for admission of equity shares to premium listing accompanied by a **prospectus** submitted for approval by an exchange or equivalent; transactions requiring a circular to be submitted to an exchange for approval in relation to (a) a class I transaction; (b) restructuring or refinancing; or (c) a purchase of own shares requiring inclusion of a working capital statement:

| Date of the Applicant's service (e.g. document approval date, date of confirmation) | Name of issuer client | Name(s) of employee(s) with material involvement in service provided | Involvement /role of employee in service provided | Completed? Yes/No |
|--|-----------------------|--|---|--------------------------|
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D3.

Please provide a list of named individuals who will be providing **IPsx Lead Adviser** services and their years of relevant experience:

| Full name: | Position: | Years of relevant experience: |
|------------|-----------|-------------------------------|
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E. Systems and Controls

E1.

Confirm your firm has a working knowledge of the **IPsx Rules** as they impact upon **IPsx Lead Advisers**:

E2.

Summarise what training employees engaged, or likely to be engaged, in the provision of **IPsx Lead Adviser** services will receive in respect of **IPsx Rules** and associated procedures:

E3.

Confirm the structure of the team which will be completing the **IPsx Lead Adviser** services, specifically highlighting reporting lines (a team organogram is acceptable):

E4.

How will the **Applicant** monitor compliance with **IPsx Rules** by employees engaged in the provision of **IPsx Lead Adviser** services?

F. Remuneration

Please provide details of how the **Applicant** intends to charge **IPsx Issuers** for their services as an **IPsx Lead Adviser**.

G. General Data Protection disclosure

The **Exchange** and the **Applicant** shall comply with the provisions of Appendix 2 of the **IPsx Admission Agreement** (Data Protection).*

* www.ipsx.com/media/uploads/documents/IPsx_Admission_Agreement.pdf

H. Declaration by officers of the Applicant

I am/we are authorised to make this application for approval as an **IPsx Lead Adviser** on behalf of the **Applicant** named in Section A.

I/We will notify the **Exchange** immediately of any conflicts of interest that may arise and will immediately deal with the conflict based on our procedures.

I/We understand that the **Exchange** may require me/us to provide further information or documents at any time after I/we have sent the application and before the **Applicant** has been approved as an IPSX Lead Adviser.

I/We confirm the **Applicant** agrees, if approved, to comply with and be bound by the **IPsx Rules**, which are or may be in force from time to time.

I/We agree to the terms of the **IPsx Admission Agreement**.

This declaration must be signed by two directors of the **Applicant**, or, in the case of a partnership, by two partners. One should have management responsibility for the provision of **IPsx Lead Adviser** services; the other should have responsibility for compliance by the **Applicant** with the **IPsx Rules**.

Full name:

Position:

Overall responsible for compliance with the **IPsx Rules**?

 Yes:

Signature:

Date:

Full name:

Position:

Overall responsible for compliance with the **IPsx Rules**?

 Yes:

Signature:

Date:

Applicants should be aware that processing an application will be delayed if the information and/or documentation submitted to the **Exchange**, at any stage of the approval process, is found to be inaccurate or incomplete.



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