

Application form for IPsx Trading Members

May 2019

IPsx Trading Members application form

Introduction

This form should be completed by **Applicants** seeking **Trading Membership on IPSX**.

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?

 Yes:

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

 Yes:

All signatures provided?

 Yes:

IPsx Trading Members 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"/>
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A3.

In order to be eligible to become an **IPsx Trading Member** the **Applicant** must be either a **MiFID investment firm** or a **CRD credit institution**. Please provide written confirmation of the **Applicant's** regulated status. Please include the name of the authority that the **Applicant** is authorised by, details of all authorisations the **Applicant** has from its home competent authority, and the capacities in which the **Applicant** is authorised:

A4.

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

Yes:	No:
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If yes, please provide details of the relevant body (or bodies) and reference number(s):

A5.

Please provide details of all regulated markets the **Applicant** is a member of, and the capacities of those memberships.

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A6.

Primary contact for the purposes of this application:

Name:	Title:
Email:	Tel:

A7.

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

Full name:	Position:

A8.

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 :

A9.

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 :

A10.

Has the **Applicant** previously applied to be an **IPsx Trading Member**?

Yes:	No:
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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:

AII.

- a) Is the **Applicant** either a firm incorporated outside the UK or an individual who is resident outside the UK?
- b) If 'yes', I confirm that the the **Applicant** has appointed an agent for service of process in the UK, as required by the **IPsx Rules**.

Yes:	No:
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Yes:	No:
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Full name of agent:

Please also provide contact details for that agent for service of process in the box below.

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

B. Category of Trading Membership

B1.

Please indicate if the **Applicant** wishes to apply to be registered as a **Market Maker** or as a **Broker** (as defined in the **IPsx Rules**):

Market Maker Yes: **IPsx Prime Broker** Yes: **IPsx Wholesale Broker** Yes:

B2.

Please indicate in which capacities the **Applicant** intends to trade on **IPsx**:

Agency Yes: Principal Yes:

C. 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**, and/or 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.

D. Conflicts of Interest

D1.

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

Yes:

D2.

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

IPsx Approved Valuer

Yes:

IPsx Lead Adviser

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:

D3.

a) Is the **Applicant** an investor in, or have any other relationship with **IPsx Group Limited**?

Yes:

No:

b) If the **Applicant** has any interest in or relationship with **IPsx Group Limited** and its subsidiaries (including **IPsx Group Limited** Directors or other senior management), please outline below how the **Applicant** plans to manage any conflicts of interest that may arise:

D4.

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

E. Systems and Controls

E1.

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

E2.

Please provide details of the systems the **Applicant** has in place regarding the following:

Order Management:

Quote Management::

Trade Reporting (including ensuring that the correct date/time of trade is reported and cancellation of erroneous **Trade Reports**):

E3.

Summarise what training employees engaged, or likely to be engaged, in the use of the IPSX trading platform will receive in respect of **IPsx Rules** and associated procedures:

E4.

Confirm the structure of the team which will be involved in using the IPSX trading platform, specifically highlighting reporting lines (a team organogram is acceptable):

E5.

How will the **Applicant** monitor compliance with **IPsx Rules** by employees involved in using of the IPSX trading platform?

E6.

All **IPsx Trading Members** are obliged to have adequate facilities and procedures to enable them to settle trades in accordance with the **IPsx Rules** and the systems and rules of the relevant settlement system. As such, please provide details of the **Applicant's** settlement arrangements below.

F. Staff

Please provide a list of named individuals who will have direct access to the **IPsx** trading platform and their years of relevant experience:

Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:
Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:
Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:
Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:
Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:

Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:
Full name:	
Position:	Years of relevant experience:
Email:	Direct tel:

G. Contact Details

Market Maker/Broker contact:

Name:	Position:
Email:	Tel:

Compliance contact:

Name:	Position:
Email:	Tel:

Operations/Settlement contact:

Name:	Position:
Email:	Tel:

IT/ Technical contact:

Name:	Position:
Email:	Tel:

Finance Department contact:

Name:	Position:
Email:	Tel:

H. 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

I. Declaration by Officers of the Applicant

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

I/We will notify the **Exchange** immediately of any conflict 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 confirm the **Applicant** agrees, if approved, to be bound by 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 **Market Maker** or **Broker** 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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