

AQSE Corporate Adviser Membership Form

March 2020

AQSE Corporate Adviser Membership Form

In completing this application form, please refer to the latest version of the AQSE Corporate Adviser Handbook and the AQSE Growth Market Rules for Issuers which can be found on our website nexexchange.com. All of this information should be considered when you are completing and signing this form. Please contact AQSE Regulation if you need anything further, or if you have any queries in relation to this document.

1. Name of Applicant

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Trading Name (if different)

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Address

		Postcode
Tel	Fax	Email

Address of Registered Office (if different from above)

		Postcode
Tel	Fax	Email

Address for Service on the Applicant (if different from above)

		Postcode
Tel	Fax	Email

Main Contact Name regarding Application

Title	First name	Last name
Position		
Direct Tel	Fax	Email

Contact Name for Invoice

Title	First Name	Last Name
Position		
Direct Tel	Fax	Email

2. Nature of Entity (e.g. Limited Company, Unlimited Company, Partnership)

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If a Body Corporate, Country of Incorporation and Company Number

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3. Names of All Directors/Partners in the Applicant

Title	Forename(s)	Surname	Position	Date of Birth

Please continue on separate sheet if necessary.

Extra sheet attached? YES / NO

4. Names of Other Key Appointments

	Forename(s)	Surname	Date of Birth
Head of Corporate Finance			
Head of Compliance			
Compliance Officer			
Money Laundering Reporting Officer			

5. Has the Applicant or have any of the directors/partners been under special investigation in the past ten years, or are any of them currently under special investigation, by any auditor, regulator, regulatory body, government body, taxation or other authority?

YES	NO

If the answer is YES, please provide details on a separate sheet.

Extra sheets to be attached? YES/NO

Number of sheets attached: _____

6. Will the Applicant also have branch offices conducting AQSE business?

YES	NO

If the answer is YES, please provide details on a separate sheet.

Extra sheets to be attached? YES/NO

Number of sheets attached: _____

7. Has the Applicant used any other trading or corporate names in connection with its business during the last ten years?

YES	NO

If the answer is YES, please provide details below and continue on a separate sheet of paper if necessary.

Former Name	
Date Changed	
Reason for Change	
Former Name	
Date Changed	
Reason for Change	

Extra sheets to be attached? YES/NO

Number of sheets attached: _____

8. Please provide names, percentages of voting power of each controller of the Applicant, and also the controller's directors/partners. (A controller means, in relation to a body corporate, a person, who alone or with any associates, is entitled to exercise, or control the exercise of, 15 per cent or more of the voting power at any general meeting of the body corporate or another body corporate of which it is a subsidiary).

Name	
Percentage of Voting Power	
Principal Activities	
Address of Head or Registered Office	

Name of Director or Partner with voting power

If more than one controller, please attach a separate sheet.

Extra sheets to be attached? YES/NO

Number of sheets attached: ____

9. Please provide names, percentages of voting power of each controller of the Applicant, and also the controller's directors/partners. (A controller means, in relation to a body corporate, a person, who alone or with any associates, is entitled to exercise, or control the exercise of, 15 per cent or more of the voting power at any general meeting of the body corporate or another body corporate of which it is a subsidiary).

Name	
Percentage of Voting Power	
Principal Activities	
Address of Head or Registered Office	

Name of Director or Partner with voting power

If more than one controller, please attach a separate sheet.

Extra sheets to be attached? YES/NO

Number of sheets attached: ____

10. Name at least two suitably qualified and experienced executive staff carrying on the Applicant's proposed business activities in relation to AQSE, and attach CV and summary of career, qualifications/experience.

Forename(s)	Surname

Extra sheets to be attached? YES/NO

Number of sheets attached: _____

11. State the number of staff who will be involved in an executive capacity in AQSE activities.

12. What internal procedures and controls are in place to ensure that personnel act in accordance with the requirements that apply to a corporate adviser member of AQSE with regard to the Applicant's proposed business activities? Has the Applicant's compliance manual been revised to reflect the AQSE Rules for Issuers?

NOTE: Copies of procedures may be requested during the application process

13. Please enclose the following:

- (a) A copy of the Applicant's latest audited accounts;
- (b) A copy of the Applicant's current group structure, in diagrammatic form.

Is there any other information that you consider may be relevant to AQSE in reviewing this application?

YES	NO

If the answer is YES, please provide details on a separate sheet.

Extra sheets to be attached? YES/NO

Number of sheets attached: _____

MEMBER CLASSIFICATION

It is the policy of AQSE only to accept corporate adviser members who are appropriately regulated to act as corporate advisers. (Overseas firms, please contact the AQSE Regulation Team).

- (a) Are you regulated by the FCA as a corporate adviser?

YES	NO

If YES, please enclose a copy of your current Scope of Permission Notice.

If NO, please advise below the regulatory authority of which you are registered/ a member.

Please provide below your firm's registration no. or membership no.

Documents that must be enclosed with this application

Separate Sheets (if necessary)

Audited Accounts

Group Structure, in diagrammatic form

CVs of key executive staff

Any other relevant documentation

Total number of extra sheets:

Name for “Enquiries Contact” - for Publication on the AQSE Website

If this application is approved, we will publish on the AQSE website the equivalent of an “investor relations” contact at your firm; that is, someone who is prepared to deal with enquiries. Please give the nominated individual’s name below:

Title	Forename(s)	Surname	Tel No.	Fax No.	Email address

The following information is not for publication on the AQSE website

Contact details (for example, mobile phone numbers) of two people from your office who can be reached with effect from 8 am, in the case of an emergency, such as an urgent need to suspend trading, or an urgent query in relation to an announcement forwarded overnight for release at 8 am. Ease of contact for AQSE is vital to ensure the smooth functioning of AQSE, and for AQSE to carry out its regulatory responsibilities.

Contact Name (from 8 am)	
Mobile Phone Number	
Contact Name (from 8 am)	
Mobile Phone Number	

Contact Details of Recipients of AQSE Market Notices and other Communications

Generic email address (e.g. compliance@)	
Head of Compliance Email address	

Head of Corporate Finance	
Email address	

APPLICATION AND DECLARATION

We hereby apply for membership of AQSE in accordance with and subject to the requirements set out in the AQSE Corporate Adviser Handbook (as amended or extended from time to time) (the “handbook”).

We hereby confirm that the information contained in this application form or otherwise provided to AQSE is complete and accurate and there is nothing material to an application for membership of AQSE known to us which we have failed to disclose.

We hereby confirm that we have read and understood the handbook.

We undertake to notify AQSE immediately of our becoming aware of any change in the information given in this application or otherwise provided to AQSE in accordance with the handbook.

We agree to comply with the handbook (as amended or extended from time to time), AQSE Market Notices and any other AQSE regulatory provisions.

We agree to pay all amounts due to AQSE in a timely manner and understand that our failure to pay amounts due to AQSE in accordance with the handbook may lead to our membership being suspended or terminated. We note that, if membership ceases part-way through a year, any fees paid are not refundable.

This declaration must be signed by **TWO** directors/partners.

For and on behalf of

(Name of Applicant firm)

Name of Director/Partner

Date / Signature

Name of Director/Partner

Date / Signature

CONTACT

AQSE REGULATION

regulation@nexexchange.com

For more information visit:

www.nexexchange.com