



AQUIS EXCHANGE PLC

MEMBER APPLICATION FORM

Introduction

Thank you for your interest in becoming a Member of Aquis Exchange PLC.

Becoming a Member is a straightforward process that involves completing this application form and associated documents for the services that you wish to use. Alongside this, your firm will need to review and sign the Aquis Exchange Member Participation Agreement. Legal agreements relating to additional Aquis Exchange services are specified in Section Two of this form.

If you have any questions, please contact our Compliance team.

Completed application forms can be submitted by email to compliance@quis.eu and sales@quis.eu.

Please provide the following supporting documents with your application:

- A copy of your firm's corporate ownership structure
- Certificate of incorporation

Section 1: Applicant Information

Name of Legal Entity (“the Applicant”)	
Legal Entity Identifier (LEI) code	
Country of Registration	
Registered Address	
Business Address (if different to the above)	
Switchboard Phone Number	
Website	

Please provide details of any branch office(s) from which the Applicant firm intends to access Aquis Exchange. Affiliate firms that are not a branch of the Applicant will need to complete a separate Member Application Form.

Name of Branch Office	
Address of Branch Office	

Details of the person handling your firm’s application

Name	
Title	
Phone	
Email	

Please indicate which type of business you intend to conduct on Aquis Exchange	<input type="checkbox"/> Client <input type="checkbox"/> Proprietary (<u>excluding</u> client facilitation) If conducting <u>proprietary trading business</u> please complete the Non-Client Proprietary Trading Declaration.
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Do you intend to use ‘algorithmic trading’ on Aquis Exchange (as defined in Directive 2014/65/EU)?	<input type="checkbox"/> Please provide a declaration, by email to compliance@aquis.eu , certifying that for all algorithms deployed on the Aquis MTF (and subsequently for existing algorithms due to undergo a substantial update, or for future algorithms yet to be deployed), testing has been adequately undertaken, and to provide a brief explanation of the means used for that testing.
Do you intend to facilitate Direct Market Access	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Services Required

Please indicate which services your firm would like to sign up for:

Lit Continuous Trading	<input type="checkbox"/>
Market At Close (MaC)	<input type="checkbox"/>
Auction On Demand (AOD)	<input type="checkbox"/>
Aquis Matching Pool (AMP)	<input type="checkbox"/>

Please indicate also your firm's requirements for the following:

Liquidity Provider Scheme	<input type="checkbox"/> Please also complete the Liquidity Provider Addendum
Direct Market Data Feed	<input type="checkbox"/> Please also complete the Direct Data Licence and Order Form
FIX Drop Copy Feed	<input type="checkbox"/>
Self-Trade Prevention	<input type="checkbox"/>

Section 3: Regulatory Status

Are you authorised by an EEA regulator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state which regulator your firm is authorised by	
Firm authorisation reference number	
Please state other exchanges or trading venues where you are currently a member	

Section 4: Compliance

By submitting this form, the Applicant confirms that the following statements are true (please tick to confirm):

- All relevant staff at the applicant firm have read and understood the Aquis Exchange Rulebook and the Trading Platform Guide and will comply with all of the Rules set out.
- All relevant staff, who will be involved in the applicant firm's activity on Aquis Exchange are competent or are supervised to an adequate level.
- Appropriate systems and controls are in place to ensure compliance with the Aquis Exchange rules and procedures.

Please explain the measures that your firm has in place to prevent disorderly trading:

Automatic Cancel on Disconnect

Please state whether you would like your firm’s open orders to be automatically cancelled in the event that connectivity to Aquis Exchange is lost.

Yes No

Section 5: Contact Information

Contact type	Name	Phone	Email
Business			
Trading			
Compliance			
Technical operations			
Legal			
Billing			
Email address for system alerts and notifications			

Section 6: Billing Details

Billing address	
VAT number	
Contact name for invoices	

Title	
Phone	
Email	

Section 7: Requested Markets

Please indicate which markets your firm would like to access on Aquis Exchange.

Market	Access required	Trading BIC(s)	Clearing member name	CCP (EuroCCP/LCH/SIX x-clear)
Austria	Yes / No			
Belgium	Yes / No			
Denmark	Yes / No			
Finland	Yes / No			
France	Yes / No			
Germany	Yes / No			
Italy	Yes / No			
Ireland	Yes / No			
Netherlands	Yes / No			
Norway	Yes / No			
Portugal	Yes / No			
Spain	Yes / No			
Sweden	Yes / No			
Switzerland	Yes / No			
UK	Yes / No			
IDRs	Yes / No			

Section 8: Clearing Arrangements

How will your firm's trades on Aquis Exchange be cleared?

- Self-clearing
- Third party clearer

If using a third party clearer, please confirm which one: _____

Section 9: Connectivity

Does your firm already have connectivity in place with Aquis Exchange?

Yes No

Contact type	Name	Phone	Email
Contact for FIX/ATP IDs			
Connectivity Team Contact			
Network Support (Group Contact)			

Please indicate which method(s) your firm will use to connect to Aquis Exchange:

Direct Access (Cross Connect or Leased Line)	<input type="checkbox"/> Physical network port at Aquis Exchange demarcation.
Access via a Third Party Network (Extranet)	<input type="checkbox"/> Access to Aquis Exchange and/or its market data using a third party network. Please state which one: _____ Please state your intended bandwidth: _____

Aquis Exchange also supports VPN access (for the Test environment only). Please contact sales@aquis.eu for details.

If connecting directly, please indicate the total number of physical connections required:

Datacentre	Port Speed	Quantity
Equinix Slough LD4 (primary datacentre)	1 Gb	
Equinix Slough LD4 (primary datacentre)	10 Gb	
Interxion LON1 (secondary datacentre)	1 Gb	

Please contact networks@aquis.eu for details of other available speeds.

Applicant Declaration

Capitalised words in this declaration have the meaning as set out in the Member Participation Agreement.

1. The Applicant hereby applies to enter into the Member Participation Agreement and confirms that the information contained in this Application Form or otherwise provided to Aquis Exchange is true, complete and accurate.
2. The Applicant agrees to inform Aquis Exchange in the event that it wishes to amend its business profile in relation to its activities on Aquis Exchange.
3. The Applicant acknowledges that it has read and understood the Terms and Conditions and agrees to abide by the Terms and Conditions on a continuing basis.
4. The Applicant acknowledges that it has read and understood the Rules and agrees to abide by the Rules on a continuing basis.
5. The Applicant agrees to pay the Fees as specified by Aquis Exchange in the Fee Schedule.
6. The Applicant confirms that it has appropriate clearing arrangements in place for the markets that it wishes to trade on Aquis Exchange.

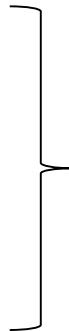
This declaration must be signed by an authorised signatory of the Applicant firm for and on behalf of the Applicant:

SIGNED by

a duly authorised representative

on behalf of

on date / /



SIGNED by

a duly authorised representative

on behalf of **Aquis Exchange PLC**

on date / /



Appendix 1: Trading Profile Contacts

Please provide details of the individuals at your firm who should have the authority to request order cancellations, trade cancellations or changes to the firm's trading profile.

It is the responsibility of the Member firm to ensure that this list is up to date and to inform Aquis Exchange of any changes. Only individuals who are named below will be able to request changes to this list.

Name	Title	Phone	Email

Trade Bust Contacts

Please list a few individuals who can be contacted by Aquis Exchange in the event that a trade is deemed to be erroneous and requires cancellation by our surveillance team.

Name	Title	Phone	Email