



# SIGMA X Europe MTF™

# MEMBERSHIP APPLICATION FORM

## 1. Introduction

**Please complete the form and return it together with supporting documentation to the SIGMA X Europe MTF team.**

All Applicants should ensure that, where relevant, they have the appropriate regulatory authorisation(s) to conduct business on SIGMA X Europe MTF. Please note that participants must (i) carry on business from an establishment maintained in an European Economic Area (“EEA”) state in respect of which Goldman Sachs Paris Inc et Cie, *société en commandite simple* acting in its capacity as operator of SIGMA X Europe MTF (“Operator”) has given a relevant notice of intention to the French *Autorité de contrôle prudentiel et de résolution* or any successor body (“ACPR”) regarding provision of cross-border services or from an establishment maintained in a jurisdiction which does not prohibit the provision of cross-border services by the Operator and (ii) be either a credit institution or investment firm authorised or regulated by the competent authority of any EEA Member State as defined in Article 4(1)(26) of the Markets in Financial Instruments Directive (Directive 2014/65/EU) (“Regulator”).

Applicants should be aware that the Autorité des marchés financiers (“AMF”) may contact your home state regulator for additional information. The AMF may also request further information from the Applicant directly and may impose fees.

In respect of any questions relating to AML checks, please contact [GSSigmaXMTF@gs.com](mailto:GSSigmaXMTF@gs.com)

SIGMA X Europe MTF reserves the right to request additional information or supporting documents from Applicants to assist in determining applications for membership.

## 2. Details of Applicant

<b>Applicant's statutory name and legal form</b>	
<b>Commercial name (if different)</b>	
<b>Country of incorporation<sup>1</sup></b>	
<b>Company registration number</b>	
<b>Registration number issued by Applicant's principal regulator (if applicable)</b>	
<b>BIC code</b>	
<b>Registered address</b>	
<b>Mailing address (if different)</b>	
<b>Switchboard telephone no.</b>	
<b>Switchboard fax no.</b>	
<b>Website address</b>	
<b>Generic company email address</b>	
<b>Contact name (for processing this application)</b>	
<b>Job title/position</b>	
<b>Telephone no. (including extension)</b>	
<b>Email address</b>	

<sup>1</sup> Please note that participants must (i) carry on business from an establishment maintained in an EEA state in respect of which Operator has given a relevant notice of intention to the ACPR regarding provision of cross-border services or from an establishment maintained in a jurisdiction which does not prohibit the provision of cross-border services by the Operator and (ii) be either a credit institution or investment firm authorised or regulated by the Regulator.

### 3. Proposed Trading and Clearing Activity

3.1 Please indicate the type of trading activity<sup>2</sup> you intend to perform on SIGMA X Europe MTF:

Proposed activity(ies)	(Please tick ✓)
Dealing for own account	
Execution of orders for third parties	

3.2 Please add the name of the relevant Central Counterparty general clearing member(s) through which you intend to clear the stocks. If clearing your own business, please write "self".

Country	Clearing Member(s)	Central Counterparty
Austria		
Belgium		
Czech Republic		
Denmark		
Finland		
France		
Germany		
Hungary		
Ireland		
Italy		
Netherlands		
Norway		
Portugal		
Spain		
Sweden		

<sup>2</sup> The proposed activity(ies) and authorisations of the Applicant will determine the Membership capacity to be designated.

## 4. List of Authorized Users

4.1 Please indicate staff authorized to request trade busts:

Full name	Signature

4.2 Please indicate staff authorized to request order cancelation:

Full name	Signature

4.3 Please indicate staff authorized to request new FIX sessions:

Full name	Signature

## 5. Applicant's Profile

Is the Applicant currently a member of any other futures and/or options, securities, or commodities exchange?  
If so, please provide details:

Member since (Date)	Name of entity holding membership	Exchange	Membership capacity held

## 6. Regulation

Please provide details of the Applicant's regulatory status (*please tick ✓*)



**Credit Institution**

**Investment Firm**

As noted, Applicants must be authorised or regulated by the Regulator

Applicants benefiting from passporting rights should contact their home state regulator to ensure the relevant cross border passports are in place.

Please confirm the name of the Applicant's regulator and where it is subject to more than one regulatory body, please indicate which is the lead regulator.

Name of home state regulator(s)

If the Applicant is not a regulated entity, please provide evidence that an application for authorisation from a competent authority has been made but authorisation has not yet been received or provide an explanation on a separate sheet as to why no such authorisation is required.

*Firms should be aware that the Competent Authority of the Market to which you are applying may contact your home state regulator to provide confirmation of the following:*

*(i) jurisdiction over the market activities of the Applicant and, non-opposition to the application*

*Host state regulators may request additional information from the Applicant.*

*Host state regulators may impose fees.*

AML checks, for both regulated entities and private corporations will be carried out directly by SIGMA X Europe MTF and any communication regarding AML matters will be made directly by SIGMA X Europe MTF to the user Applicant.

## 7. 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, pertinent to its operation on SIGMA X Europe MTF. 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 (please tick the box(es) that apply):

- found guilty in a criminal court
- the subject of an adverse finding in a civil or administrative court or tribunal
- in contravention of any provision of financial services legislation, rules, regulations or statements of principle
- the subject of disciplinary procedures by any government agency, self-regulating organisation or exchange
- subject to a refusal or restriction to carry on a trade/business/profession or to disqualification from acting as a director
- under special investigation, or is it currently under special investigation, by any auditor, government agency, self-regulating organisation, exchange, taxation or other authority?

## 8. Key Personnel

Whilst in general references and curriculum vitae will not be taken up on the Applicant's key personnel, SIGMA X Europe MTF retains the right to seek such information where it deems it appropriate to do so. Please provide details of the key personnel that will be responsible for the business on SIGMA X Europe MTF:

### Director/Senior Executive

Full Name:	Date of Birth:
Email:	Telephone No:

### Compliance Officer

Full Name:	Date of Birth:
Email:	Telephone No:

### Management of Trading

Full Name:	Date of Birth:
Email:	Telephone No:

### Back Office Manager

Full Name:	Date of Birth:
Email:	Telephone No:

## 9. Statement of Applicant

The address as submitted in this application may be deemed to be the address for delivery of any communications from SIGMA X Europe MTF, including any summons, complaint, reparation claim, order, subpoena, request for information, or any other written communication, unless another address is specified for this purpose.

We understand that membership has not been granted until a notice has been issued confirming that we have been admitted, in accordance with the provisions set down in the SIGMA X Europe MTF rulebook.

We understand that in order to be granted/maintain membership we must organise and control our affairs in a responsible manner, and to this end that we must have staff who are fit and proper with suitable authorisation/qualifications and experience in order to implement and maintain adequate internal procedures and controls.

In completing, executing and submitting this application we acknowledge that we have read and understood the SIGMA X Europe MTF rulebook, and that we will abide by and be bound by the SIGMA X Europe MTF rulebook. We understand that we must execute the participant agreement as a pre-condition to becoming a participant of SIGMA X MTF.

We certify that the statements in our application for membership and in this declaration are true and complete. We understand that the statements in this application do not supersede, but rather supplement, any statements/representations we make in the participant agreement,

***WILFUL FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY MATERIAL FACT REQUIRED TO BE STATED CONSTITUTES CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF MEMBERSHIP.***

<b>Applicant's statutory name</b>	
<b>Authorised signatory of the Applicant</b>	
<b>Full name and job title</b>	
<b>Date</b>	



## Appendix A: Supporting Documents

The relevant supporting documents should be submitted together with this application form.  
Please use the checklist below to indicate which supporting documents you are submitting with your application.

<b>Information to be sent with the completed application form, where relevant</b>	Yes / No / N/A (not applicable)
<b>Legal incorporation documentation</b> e.g. Certificate of Incorporation and Memorandum and Articles of Association, or equivalent document(s) depending on country of incorporation	
<b>Group structure diagram</b> showing the ownership of the Applicant and where relevant the whole group structure, including percentage sizes of holdings and stakeholders' nationalities. The mandatory threshold for inclusion of stakeholders is an interest of 20% or more For Applicants who are <u>not</u> from a jurisdiction in the list below, a threshold for inclusion of 5% should be used: Australia, Austria, Belgium, Canada, Denmark, Finland , France, Germany, Hong Kong, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Puerto Rico, Singapore, Spain , Sweden, Switzerland, United Kingdom, United States.	
<b>Details of any disciplinary history</b> (as per Q.6)	
<b>Executed Participant Agreement</b> <sup>3</sup>	
<b>Executed Member Due Diligence Assessment</b> <sup>4</sup>	

<sup>3</sup> If you have any queries regarding the Participant Agreement, please email [GSSigmaXMTF@gs.com](mailto:GSSigmaXMTF@gs.com).

<sup>4</sup> If you have any queries regarding the Member Due Diligence Assessment, please email [GSSigmaXMTF@gs.com](mailto:GSSigmaXMTF@gs.com).

## Appendix B: Contingency Co-ordinators

It is necessary to provide the following details to SIGMA X Europe MTF so that it is possible for the exchange to contact a co-ordinator in the case of an emergency. The details of contingency co-ordinators are kept in strict confidence.

<b>Main contingency co-ordinator (Name)</b>	
Office telephone no.	
Home no. / mobile telephone no.	

<b>Deputy Contingency Co-ordinator (Name)</b>	
Office telephone no.	
Home no. / mobile telephone no.	

Generic e-mail address to receive updates relating to serious incidents on SIGMA X Europe MTF	
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## Appendix C: Billing details

Please indicate below the name and address to which invoices must be sent

<b>Applicant's statutory name</b>	
<b>Mailing address</b>	
<b>Contact name (for receiving invoices)</b>	
<b>Job title/position</b>	
<b>Telephone no. (including extension)</b>	
<b>Email address</b>	
<b>VAT (tax) registration no.</b>	