



SIGMA X MTF™

MEMBERSHIP APPLICATION FORM

1. Introduction

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

All Applicants should ensure that, where relevant, they have the appropriate regulatory authorisation(s) to conduct business on SIGMA X MTF. Please note that participants must (i) carry on business from an establishment maintained in the UK and (ii) be either a credit institution or investment firm authorised and regulated by the FCA (and the PRA, as applicable).

The FCA may 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

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

2. Details of Applicant

Applicant's statutory name and legal form	
Commercial name (if different)	
Country of incorporation¹	
Company registration number	
Registration number issued by Applicant's principal regulator (if applicable)	
BIC code	
Registered address	
Mailing address (if different)	
Switchboard telephone no.	
Switchboard fax no.	
Website address	
Generic company email address	
Contact name (for processing this application)	
Job title/position	
Telephone no. (including extension)	
Email address	

¹ Please note that applicants must operate from an establishment maintained in the UK. If that establishment is a branch of an entity domiciled outside of the UK, please provide details of the country of incorporation of both the branch and the head office.

3. Proposed Trading and Clearing Activity

3.1 Please indicate the type of trading activity² you intend to perform on SIGMA X 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		
Denmark		
Finland		
France		
Germany		
Ireland		
Italy		
Netherlands		
Norway		
Portugal		
Spain		
Sweden		
Switzerland		
UK		

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



3.3 If applying for intermediary status for SDRT/Stamp Duty Relief on UK and / Irish Securities (form available at <http://gset.gs.com/sigmaxmtf/>):

Please tick if you wish to register as an intermediary for UK and / or Irish Stocks

Please note that to utilise the internalisation function for the UK and/or Irish segment, please register as an Intermediary.

3.4 Are you recognised as an intermediary by any other exchange or by Her Majesty's Revenue and Customs or the Revenue Commissioners? If so, please specify: **LSE / HMRC / Other** (*delete as appropriate*)

If other, please specify	
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If you are not an intermediary and do not intend to apply for intermediary status for SDRT/Stamp Duty relief on UK and Irish securities you should inform SIGMA X MTF at the following email address: sigmaxtax@gs.com.

For more information on UK SDRT or Irish stamp duty please refer to the Participant Manual.

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 by the FCA (or the PRA, as applicable).

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 regulator(s)

If the Applicant is not a regulated entity, please provide evidence that an application for authorisation from a the FCA or the PRA 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,*
- (ii) *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 MTF and any communication regarding AML matters will be made directly by SIGMA X 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 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 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 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 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 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 MTF rulebook, and that we will abide by and be bound by the SIGMA X 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.

Applicant's statutory name	
Authorised signatory of the Applicant	
Full name and job title	
Date	

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.

Information to be sent with the completed application form, where relevant	Yes / No / N/A (not applicable)
Legal incorporation documentation e.g. Certificate of Incorporation and Memorandum and Articles of Association, or equivalent document(s) depending on country of incorporation	
Group structure diagram 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.	
Details of any disciplinary history (as per Q.6)	
Executed Participant Agreement ³	
Executed Member Due Diligence Assessment ⁴	

³ If you have any queries regarding the Participant Agreement, please email GSSigmaXMTF@gs.com.

⁴ If you have any queries regarding the Member Due Diligence Assessment, please email GSSigmaXMTF@gs.com.

Appendix B: Contingency Co-ordinators

It is necessary to provide the following details to SIGMA X 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.

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

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

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

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

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