

DME MEMBERSHIP APPLICATION

General

- A. Date of application
- B. Name of individual filing application
- C. Title
- D. Phone No. (including country code and area code)
- E. Email

Details of Applicant's Organization

- A. Full legal name of Applicant (as it appears in the legal document evidencing creation of the applicant)
- B. Has your Applicant ever used or conducted business under, any other name(s)?
If yes, then : Please provide full details:
- C. Place of legal formation
- D. Date of legal formation
- E. Address for Applicant's principal place of business
- F. Applicant's Registration No. / Tax ID No./ VAT No.
- G.. Identify all countries from which the Applicant plans to trade DME contracts
- H. Mailing Address
- I. Phone No. (including country code and area code)
- J. Website Address

- K. **Please supply copies of documents to evidence legal formation* (e.g., certified articles of incorporation, executed partnership agreement)***

*** Certified documentation is not required if the Applicant is both incorporated in a FATF country and a Publicly traded company.**

Corporate Structure of Applicant

Describe the corporate structure of the Applicant (Body Corporate, Partnership or Other (explain))

Is the Applicant a publicly traded company?

If yes, then: Please provide:

Exchange

Ticker Symbol

Country of Exchange

Is the Applicant a parent or subsidiary of a company that is publicly traded?

If yes, then: Please provide:

Name of company that is publicly traded

Exchange

Country of Exchange

Corporate & Management Structure

- A. Please provide a group structure chart (if Applicant is part of a group) including the full legal names of the Applicant's parents, affiliates and subsidiaries.
- B. Please provide a copy of the organisation chart showing the names and designations of the management staff and key officers responsible for trading on the DME.
- C. Please provide details of any publicly announced proposal for a merger, acquisition consolidation or sale involving the Applicant.

Nature of Applicant Business

Please check all the business lines in which the Applicant is engaged:

- Asset / Fund Manager
- Brokerage
- Clearing
- Proprietary Trading
- Non-Financial Institution

Membership Profile

- A. Has the Applicant ever applied for Membership with the DME before?
- B. Does the Applicant hold any Membership(s) with the DME?
If yes, then : Select Membership Type:
 - Clearing Member
 - Equity Member
 - Off-Floor Member
- C. Please select the Membership type Applicant is applying for (Equity, Clearing or Off-Floor):
- D. Acquisition Method (Purchase or Transfer):
- E. Have you paid the relevant DME membership fee?
For Fee and Wire Instructions, please see bottom of application.
- F. Please provide a copy of your bank confirmation

6A. Authorized Signatories & 6B. Senior Management

- A. **Authorized Signatories:** Please supply a list of the company's authorized signatories, who will be responsible for executing DME documents.

(i) Senior Management: Please provide the contact details for each individual appointed to the roles indicated below. Please input N/A in the name field if no such individual exists. **For each role highlighted**

- B. **in bold, please upload a resume which highlights the relevant experience of each individual.**

Primary Exchange Liaison*

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

Chief Executive Officer

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

Chief Compliance Officer

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

(MLRO) Money Laundering Reporting Officer

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

Chief Financial Officer

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

Chief Operating Officer

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Please supply a brief CV / resume which highlights the relevant experience and education of the individual.

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- B. **(ii) Other Key Contacts:** Where applicable, please identify an individual at the Applicant's organization who can be contacted regarding each of the following:

Clearing / Trade Processing

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Credit Risk

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Physical Deliveries

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Exchange Fees

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

IT

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

Margins

Name

Phone Number (country & area codes)

Email

Postal Address *(when applicable, may input "same as principal place of business address")*

C. **Directors \ Board of Managers**

Does the Applicant's corporate structure have Directors or a Board of Managers?

If yes, then: Please list the full names and identifying details of all Directors \ Board of Managers of the Applicant in the fields below. All fields must be completed.

-
- i) Full legal name
ii) Please list any alternate names used (if any), including maiden name
iii) Date appointed
iv) Date of Birth
-

- v) Place of Birth (city/state/country)
- vi) Country of Citizenship
- vii) Passport number or other government identification number *(may be a passport number, taxpayer identification number, social security number, national identification card or any other government-issued document bearing a photograph or similar safeguard (e.g. driver's license, etc.))*
- viii) Country of issuance
- ix) Date of issuance
- x) Expiration date (if applicable, required for passport)
- xi) Is a passport held with more than one country? **Yes or No**
If yes then: Please enter country and passport number
- xii) Residential Address *(if privacy issue exists, enter city, state & country ONLY)*
- xiii) Residence telephone number (including country and area code) *(if privacy issue exists, this field may be left blank)*
- xiv) Business telephone number (including country and area code)
- xv) Business e-mail address
- xvi) **Please supply certified passport copy or other government issued document bearing a photograph or similar safeguard.**
- xvii) **Please supply a CV or resume which highlights the relevant experience and education**

D. **Controllers**

Does the Applicant have a Controller (i.e. an individual or entity) with a beneficial interest/ownership of ten percent (10%) or more of any class of the entity share capital of the Applicant?

If yes, then: Please provide full details. All fields must be completed

- i) Name
- ii) Address
- iii) Government Issued Identification No.
- iv) Percentage Ownership Interest in the Applicant
- v) **Please supply a copy of a certified government issued ID for each individual and/or certified articles of incorporation or local equivalent for each.**

E. **Partners**

Does the Applicant have a Partner (i.e. an individual or entity) with a beneficial interest/ownership of ten percent (10%) or more of any class of the entity share capital of the Applicant?

If yes, then: Please provide full details. All fields must be completed

- i) Name
- ii) Address
- iii) Government Issued Identification No.
- iv) Percentage Ownership Interest in the Applicant

- v) **Please supply a copy of a certified government issued ID for each individual and/or certified articles of incorporation or local equivalent for each.**

Know Your Member

- A. Please briefly describe the nature of business in which Applicant is engaged:
- B. Please provide an overview of the Applicant's purpose for applying for Membership:
- C. Does the Applicant expect to actively trade on the Exchange?
- D. What is the Applicant's client base? **(check all that apply)**
- Both Customer Institutional and Customer Retail
 - Customer Institutional
 - Customer Retail
 - Proprietary
 - N/A
- E. Please describe the types of products currently traded, instruments used, typical trading volume per year (if known) and experience in trading these products:
- F. Does the Applicant have experience in trading DME products?
- If yes then :** Please describe trading experience and contract volume:
- G. What will be the source of funds for the Applicant's trading activity?
Are there any controllers, executive management, partners/directors in Applicant's organisation that
- H. would be considered a Politically Exposed Person (PEP) as the term is defined in the Glossary Module of the DFSA Rulebook?
- If yes, then:** *Please provide full details. All fields must be completed*
- Name of PEP
 - Role of PEP
 - Nature of Relationship

Licenses/Memberships/Registrations

- A. Does the Applicant have evidence that they are authorised, recognised or otherwise permitted by the DFSA to carry out the activities which they intend to conduct while trading on the Exchange?

If the Applicant is authorised, recognised or otherwise permitted by the DFSA, please provide the Applicant's DFSA Reference Number

Please provide proof of DFSA status.

If the Applicant is NOT authorised, recognised or otherwise permitted by the DFSA, please provide confirmation and evidence that the Applicant has made an application to the DFSA

- It is the Applicant's responsibility to ensure that, in addition to being duly authorised, recognised or otherwise permitted by the DFSA, it is appropriately licensed or authorised to enable it to lawfully carry on its activities in each jurisdiction in which it operates or plans to operate. Is applicant, or has the Applicant ever been, registered with any other regulatory body?

If yes, then: Please provide full details.

Name of Regulator
Country of Regulator
Types of Registration
Registration Number
Period of Registration

- C. Is the Applicant a Clearing Member of the NYMEX Clearing House?

If yes, then: Please provide your NYMEX Clearing House Firm Number:

If No, then: The Applicant must hold an account with at least one (1) Clearing Member for the clearing of the Applicant's trades on the DME. Please list all the DME Clearing Members with which you have established a relationship to clear your trades on the DME.

Please provide evidence of each such agreement.

- D. Does the Applicant currently hold membership or other trading rights on any other futures, options, commodities or security exchange (other than the DME)?

If yes, then: Please provide full details.

Name of Exchange:
Country:
Type of Membership:
Duration of Privileges:

Trading

- A. Please select all that apply to the nature of the Applicant's trading activity and identify the Applicant's experience.

Proprietary (Trading)
Customer (Brokerage)
Customer (Execution)
Clearing (Clients)
Clearing (Self)

- B. Please provide a list of Authorised Terminal Users (individual authorised to access the trading platform on behalf of the Applicant) and details of their experience.

Name of ATU
Job Classification
Qualifications or Registrations *(if applicable)*
Trading Address *(when applicable, may input "same as principal place of business address")*
Nature of Trading
Number of Years Trading
Contact Phone No. (including country code and area code):

C. Please provide details of the person(s) responsible for supervising the trading activities on the Exchange and details of their trading and trading supervisory experience:

Name of Supervisor
Trading Address *(when applicable, may input "same as principal place of business address")*
Nature of Trading or Supervision
Number of Years Trading/Supervising Trading
Contact Phone No. (including country code and area code):

D. Does the Applicant participant in any market making or incentive programs on the DME?

Disciplinary History

- 1 Has the Applicant, its controllers, officers, partners/directors or any of its Affiliates:
- (a) Had any past or pending criminal actions, disciplinary proceedings or investigations relevant to the Exchange's consideration of your application?
Been denied authorization, registration or regulatory permissions or had its authorization, registration or
 - (b) permissions revoked, or otherwise had any restrictions placed upon the Applicant's business by the DFSA or any other regulatory or self regulatory authority?
Been suspended or is currently suspended by the DFSA, or any other regulatory or self regulatory
 - (c) authority?
Been temporarily or permanently prevented, by any order, judgment or decree of any court of
 - (d) competent jurisdiction, of the DFSA or of any other regulatory or self regulatory authority, from engaging or continuing in any conduct or practice involving the purchase or sale of any commodity, security option or similar instrument?
Been subject to any outstanding order issued by any regulatory or self regulatory authority denying such
 - (e) person trading privileges on any exchange or suspending or expelling such person from trading privileges on any exchange?

Been found to have breached willfully any provision of the Regulatory Law No.1 of 2004, the Markets Law No.12 of 2004, UAE Federal Law No.2 of 2002 'Criminalization of Money Laundering', any other law
 - (f) applicable in the DIFC, 7 U.S.C. §1, et seq of the US Code, the Commodities Exchange Act, the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940 or the Investment Advisors Act of 1940 (as such Acts may have been, or may be, amended from time to time) or any rule, regulation or order promulgated under such Acts and any other applicable laws, regulations or rules?
 - (g) Been convicted of any crime, including misdemeanors and/or felonies?

- Been suspended or expelled from any exchange, related clearing organization, registered futures association or other self-regulatory organization or other business or professional association for breaching any rule of such organization?
- (h) Been censured, disciplined, publicly criticised or is the subject of a Court order at the instigation of any regulatory or self regulatory authority or other business or professional association for breach of any rule of such organization?
- (i) Been or is subject to any substantial unsatisfied liens or judgments?
- (j) Been insolvent, unable to pay debts as they matured, made an assignment for the benefit of creditors, is or were involved in any liquidation, reorganization or bankruptcy proceeding as a debtor, whether voluntary or involuntary, within the seven (7) years preceding the date of the application?
- (k) Made any materially false statement or failed to state a material fact in or in connection with any application filed with the Exchange?*
- 2 Is there any other information (even adverse information) which may be relevant to this application for Membership?
- 3 Is the Applicant aware of any other information which would affect the Applicant's ability to fulfill its Membership obligations to the DME, other market participants or customers

Please provide all supporting documentation related to the disclosures contained in this section.

Note: The Board may deny Membership if:

(i) the Applicant fails to meet such other qualifications as the Board may from time to time determine are in the best interests of the Exchange; and / or

(ii) the Applicant has made any materially false statement or failed to state a material fact in connection with any application filed with the Exchange. Should the Applicant become aware of any information in this application which is incorrect, notify the Exchange immediately

Financials

- A. Please indicate the start and end month of the Applicant's financial year
- Start month:
- End month:

Please provide the Applicant's financial statements and supporting documentary evidence such as audited

- B. accounts and reports, including those of the ultimate parent undertaking (if applicable) for the **last two (2) years**. If the Applicant was incorporated or formed within the past year and audited accounts are not available, the latest unaudited financial information must be provided.
- C. Please provide the firm name, address, responsible partner and direct telephone number of Applicant's public accountant or auditor.

Firm's Name
Address
Responsible Partner
Phone No. (including country code and area code):

D. How long has the Applicant had a professional relationship with this public accountant or auditor?

E. Do the reporting requirements under Section 6045 of the United States Internal Revenue Code apply to the Applicant?

If yes, then:

(i) Please provide the Applicant's US taxpayer identification number

ii) details of an individual within the Applicant's senior management as a point of contact in respect of such reporting requirements:

Name:

Phone No. (including country code and area code):

F. Does the Applicant intend to trade as the principal or agent on the account of any customer or to trade as agent on the account of any affiliates or of any other Member?

If yes, then:

Please describe any DFSA or other regulatory capital requirements to which the Applicant is subject
Does the Applicant have net capital of not less than US\$1,000,000 or its equivalent in any other currency?

Controls

1) Has the Applicant established systems, controls and procedures which are designed to ensure compliance with:

- A.** DME Rules;
- B.** All applicable laws and regulations to which the applicant is subject;
- C.** All applicable rules and guidance published by the DFSA;

D. All Applicable AML Requirements, including systems, controls and procedures which:

- * Gives consideration to all applicable requirements under UAE criminal law, as amended from time to time;
- * Gives consideration to the appointment of a Money Laundering Reporting Officer whose role and responsibilities are consistent with the requirements of the DFSA Rulebook;
- * Requires initial and ongoing Customer identification and due diligence, where applicable;
- * Requires the internal and external reporting of suspicious transactions (taking into account the Applicable AML Requirements);
- * Requires the monitoring of transactions for AML purposes, where applicable;

- * Gives consideration to governmental and regulatory findings with regard to AML at an international level;
- * Requires risk based reviews of Customers and transactions, where applicable; and
- * Requires regular AML training for employees of the Applicant

Please give an explanation or supply documentation for any question(s) answered with a "no" in 1. A-D

2) Describe or supply procedures which describe the Applicant's AML program

3) Does the Applicant have procedures for internal trade supervision, trade monitoring & surveillance as well as information security?

If yes, then : Please explain internal procedures or provide related documentation:

If no, then : Please explain where or why internal procedures are lacking:

References (Equity and Off-Floor Memberships ONLY)

Please provide **two (2)** references (or referees) in the box below. References must discuss the integrity, management ability and financial strength of the Applicant. Referees may be contacted independently by the DME for a confidential evaluation.

Acceptable references or referee may include:

- * Clearing Members of a reputable exchange
- * Securities and commodities exchanges
- * Regulatory authorities for financial services
- * Reputable financial institutions

Name of Referee:

Nature of Relationship:

Phone No. (including country code and area code):

Email Address:

Please provide Reference(s), where applicable.

Additional Comments

The foregoing information is hereby submitted to the Dubai Mercantile Exchange

Full legal name of Applicant:

Authorised Company Signatory

Name:

Title:

Signature:

Date:

Authorised Company Signatory

Name of Individual:

Title:

Signature:

Date:

New Membership Application - please pay a \$5000 non-refundable application fee
Membership Transfer- please pay a \$500 non-refundable transfer fee

Wire Instructions:

Beneficiary Account Number: 01 4213971 01

Beneficiary Account Name: Dubai Mercantile Exchange Limited

Beneficiary Account with: Standard Chartered Bank, DIFC

SWIFT: SCBLAEADDIF

Correspondent: Standard Chartered Bank, New York

SWIFT: SCBLUS33XXX

Account No of SCB DIFC with SCB New York in FIELD 53B: /3582020453001

Field 57: SCBLAEADDIF