**Aquis Corporate Adviser Membership Form**

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

1. Name of Applicant

Trading Name (if different)

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 |

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

If a Body Corporate, Country of Incorporation and Company Number

1. Names of All Directors/Partners in the Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Forename(s)** | **Surname** | **Position** | **Date of Birth** |
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|  |  |  |  |  |

*Please continue on separate sheet if necessary.*

Extra sheet attached? YES / NO

1. Names of Other Key Appointments

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

1. 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:

1. Will the Applicant also have branch offices conducting Aquis corporate advisory 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:

1. 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:

1. 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** |
|  |
|  |
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|  |

If more than one controller, please attach a separate sheet. Extra sheets to be attached? YES/NO

Number of sheets attached:

1. 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** |
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If more than one controller, please attach a separate sheet. Extra sheets to be attached? YES/NO

Number of sheets attached:

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

|  |  |
| --- | --- |
| **Forename(s)** | **Surname** |
|  |  |
|  |  |
|  |  |
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Extra sheets to be attached? YES/NO Number of sheets attached:

1. State the number of staff who will be involved in an executive capacity in Aquis activities.
2. 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 Aquis with regard to the Applicant’s proposed business activities? Has the Applicant’s compliance manual been revised to reflect the Aquis Rules for Issuers?

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

1. Please enclose the following:
	1. A copy of the Applicant’s latest audited accounts;
	2. A copy of the Applicant’s current group structure, in diagrammatic form.

Is there any other information that you consider may be relevant to Aquis 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 Aquis only to accept corporate adviser members who are appropriately regulated to act as corporate advisers. (Overseas firms, please contact the Aquis 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 Aquis Website

If this application is approved, we will publish on the Aquis 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 Aquis 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 Aquis is vital to ensure the smooth functioning of Aquis, and for Aquis 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 Aquis 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 Aquis in accordance with and subject to the requirements set out in the Aquis 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 Aquis is complete and accurate and there is nothing material to an application for membership of Aquis known to us which we have failed to disclose.

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

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

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

We agree to pay all amounts due to Aquis in a timely manner and understand that our failure to pay amounts due to Aquis 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**

**Aquis Regulation**

# aqseregulation@aquis.eu

For more information visit: <https://www.aquis.eu/aquis-stock-exchange>