**Aquis Corporate Adviser Membership Form**

*For AIM Nomads*

**Aquis Corporate Adviser Membership Form**

1. Firm

|  |
| --- |
|  |

2. Address

|  |  |
| --- | --- |
|  | |
|  | |
|  | Postcode |

3. Main Contact Name regarding Application

|  |  |  |
| --- | --- | --- |
| Title | First name | Last name |
| Position | | |
| Direct Tel | Email |

4. Contact Name for Invoice

|  |  |  |
| --- | --- | --- |
| Title | First name | Last name |
| Position | | |
| Direct Tel | Email |

5. Reference Number (FCA Register)

|  |
| --- |
|  |

6. Directors/Partners

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Forename(s)** | **Surname** | **Position** | |
|  |  |  |  |  |
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|  |  |  |  |  |

7. Names of Key Appointments

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

8. 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 YES, please provide details.

9. Name at least two suitably qualified and experienced executive staff carrying on the Applicant’s proposed business activities in relation to Aquis.

|  |  |
| --- | --- |
| **Forename(s)** | **Surname** |
|  |  |
|  |  |
|  |  |
|  |  |

**The following information is not for publication on the Aquis website**

10. 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 our market, 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** |  |

11. 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 confirm that the firm’s corporate financial policies and procedures will be updated to accommodate procedures relating to Aquis.

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.

This declaration must be signed by **TWO** directors/partners.

For and on behalf of

(Name of Applicant firm)

Name of Director/Partner

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Director/Partner

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_