# Appendix 12 - Direct Market Access Application

Completing this application

This form must be completed for an application by a Trading Participant seeking either to become a Direct Market Access (DMA) Participant or for the approval of a new DMA system. A separate application is required for each new DMA system through which a Trading Participant proposes to offer DMA. Please read and follow all instructions.

If you need assistance with your application, please contact NZX Participant Compliance on compliance@nzx.com or +64 4 498 2279.

All information provided to NZX in relation to this application will be kept confidential, except to the extent that disclosure of any or all of the information provided is necessary for the exercise of NZX’s regulatory functions, or as required by law.

NZX reserves the right to decline an application even if it meets the prescribed minimum criteria.

Completed application forms (together with any supporting information) should be emailed to compliance@nzx.com or uploaded to the NZX Participant reporting platform.

Checklist

Please ensure that the following documentation and information has been provided:

Application form has been completed and the undertaking signed by two Authorised Signatories

Details of the Applicant’s DMA management controls and compliance procedures specific to DMA

Details of the Applicant’s DMA system controls, filters, screens and security measures specific to DMA

The Applicant’s training plan for key personnel and DMA Authorised Persons

Details of the DMA Applicant’s technology relevant to its business, including trading system and back office system and ISV system (where relevant)

Any other relevant information in relation to this application

Applicant Details

**Name of Applicant**  *State the Market Participant’s name*

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**Name, position and contact details of main contact person for the Applicant to discuss this application**

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**Direct Market Access (DMA) manager or technical contact**

*State the name, phone number and email address of the Applicant’s DMA manager or technical contact*

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**DMA software and version number**

*Please provide details of the DMA software to be used, including version number*

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**Location of DMA server and FIX gateway**

*State the address of the DMA server and FIX gateway*

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**DMA technology, including trading system, back office system and ISV system (where relevant)**

*Please provide details of the DMA technology relevant to your DMA business, including trading system, back office system and ISV system (where relevant)*

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**DMA management controls and compliance procedures**

*Please provide details of the DMA management controls and copies of compliance procedures*

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**DMA system controls, filters, screens and security measures**

*Please provide details of the DMA system controls, filters, screens and security measures*

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Undertaking by Applicant to NZX

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* To comply with its obligations and responsibilities under NZX Participant Rules in relation to DMA
* To carry out its responsibilities in offering DMA honestly and diligently
* To comply with the NZX Participant Rules as applicable to DMA, any directions given from time to time by NZX and at all times observe Good Broking Practice
* To ensure that all of its Employees are competent and will comply fully with all applicable NZX Participant Rules, any direction given from time to time by NZX and at all times observe Good Broking Practice
* To pay all fees, levies or other charges set from time to time by NZX and
* To adhere to any other condition imposed from time to time by NZX as a requirement of approval to provide DMA

The Applicant confirms that:

* All the information contained in this application form and otherwise supplied to NZX is complete, true, accurate and not misleading
* It has read the NZX Participant Rules, pertaining to DMA and believes that this application conforms to the criteria (except as specifically notified to you with this application) for approval to provide DMA as set out in the NZX Participant Rules
* Neither the Applicant nor any of the personnel named in this application have been subject to any disciplinary action by a regulator or law enforcement agency in the context of financial services or corporate finance and save as set out in this application, have not been disqualified by a court from acting as a director of any body corporate or from acting in the management or conduct of its affairs

**Signature of two Authorised Signatories**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full name of Signatory

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full name of Signatory

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_