# Appendix 16 - FSM Participant and/or RMA Provider Application

Completing this application

This form must be completed for an application by NZX Trading and Advising Firms seeking designation as an FSM Participant and/or an RMA Provider. Please read and follow all instructions.

If you need assistance with your application, please contact NZX Participant Compliance on [compliance@nzx.com](mailto: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](mailto: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 management controls and processes relating to its business as an FSM Participant and/or RMA Provider, including its compliance manual and relevant procedures documents

 Applicant’s training plan for key personnel as applicable to the FSM Participant and/or RMA Provider obligations under the NZX Participant Rules

Details of the Applicant’s technology relevant to its business as an FSM Participant and/or RMA Provider

For RMA Provider applications, please provide a copy of the Applicant’s agreement with Fonterra Co-operative Group Limited relating to the provision of RMA Services

Any other relevant information in relation to this application

Applicant Details

**Name of Applicant**  *State the name of the NZX Trading and Advising Firm that is applying to become an FSM Participant and/or RMA Provider*

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**Designation sought**

*Please specify whether designation is being sought as an FSM Participant and/or an RMA Provider*

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

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Undertaking by Applicant to NZX – FSM Participant

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* To carry out its responsibilities as a FSM Participant honestly and diligently
* To comply with the NZX Participant Rules, any directions given from time to time by NZX that are applicable to FSM Participants, and at all times observe Good Broking Practice
* To ensure that all of its Employees are competent and comply fully with all applicable NZX Participant Rules, any directions given from time to time by NZX and at all times observe Good Broking Practice
* To pay all fees, levies or other charges as 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 as an FSM Participant

The Applicant confirms that:

* All the information contained in this application and supplied to NZX is complete, true, accurate and not misleading
* It has read the NZX Participant Rules and believes that this application conforms to the criteria (except as specifically notified to you with this application) to become an FSM Participant as set out in those 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undertaking by Applicant to NZX – RMA Provider

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* To carry out its responsibilities as an RMA Provider honestly and diligently
* To ensure that its conduct promotes and helps maintain an orderly market
* To comply with the NZX Participant Rules, any directions given from time to time by NZX that are applicable to the provision of RMA Services, and at all times observe Good Broking Practice
* To ensure that all of its Employees are competent and comply fully with all applicable NZX Participant Rules, any directions given from time to time by NZX and at all times observe Good Broking Practice
* To pay all fees, levies or other charges as 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 as an RMA Provider

The Applicant confirms that:

* All the information contained in this application and supplied to NZX is complete, true, accurate and not misleading
* It has read the NZX Participant Rules and believes that this application conforms to the criteria (except as specifically notified to you with this application) to become an RMA Provider as set out in those 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 corportate 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_