# Appendix 17 - FSM Dealer Application

Completing this application

This form must be completed for an application for designation as an FSM Dealer. 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 the Applicant

 Undertaking has been signed by the Market Participant’s Managing Principal

 Evidence of the Applicant’s qualifications and professional memberships

 Applicant’s CV outlining employment history and experience

 Details of any adverse or potentially adverse matters in relation to the Applicant which have been brought to the attention of any relevant regulatory authorities during the last 6 years

Any other relevant information in relation to this application

Applicant Details

**Full name** *Include your first name, middle names and last name*

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**Market Participant** *State the name of the Market Participant that employs you*

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**Broking Office** *State the address of the Broking Office you work in*

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**Contact details** *State your telephone number and email address*

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**Supervising Dealer** *State the name and contact details of the Dealer currently supervising you at the Market Participant*

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**Qualifications, experience and expertise** *Please provide details of your qualifications and a summary of your employment history and relevant experience, including details of the numbers of years employed, the position, employer details and a summary of the role. Please include the information specified in NZX Participant Rule 22.3.8 including the training undertaken (as required by NZX). Evidence of completion should be provided.*

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FSM Dealer Undertaking

I, **\_\_** (the **Applicant**) confirm that:

* All of the information contained in this application and supplied to NZX is complete, true, accurate and not misleading
* I have read the relevant NZX Participant Rules and believe that this application conforms to the criteria (except as specifically notified to NZX within this application) for designation as an FSM Dealer
* I am a fit and proper person without any history of dishonest or fraudulent activities
* I have not been declared a bankrupt by the High Court of New Zealand or any overseas regulatory body
* I am of sound mind
* I have not been prohibited from being a director or partner of any body corporate or from acting in the management or conduct of its affairs
* I have not been found guilty of any breach of the provisions of the Securities Act 1978, Securities Markets Act 1988, the Financial Markets Conduct Act 2013, the Financial Advisers Act 2008, an offence under the Companies Act 1993 or other companies or securities legislation in New Zealand or any other jurisdiction, or a crime involving dishonesty (as defined in Section 2(a) of the Crimes Act 1961)
* I have not had any disciplinary action brought against me by any government and/or any regulatory authority
* I have not had any charges or disciplinary actions brought against me as a result of a breach of the NZX Participant Rules or any NZX Rules, Regulations or Code of Practice
* I have not been an officer, director or partner of a body corporate that has been ordered by the Court to be wound up or put in liquidation, in each case, while I was an officer, director or partner of the body corporate
* I agree to abide by all the NZX Participant Rules, any direction given from time to time by NZX as applicable to my position as an FSM Dealer and will at all times observe Good Broking Practice
* I agree that upon being designated by NZX as an FSM Dealer, the NZX Participant Rules in force from time to time shall form a binding contract between myself and NZX
* I agree to provide any additional information as requested by NZX for the purpose of reviewing my application for designation as an FSM Dealer
* I have undertaken the accreditation and training as required by the NZX Participant Rules
* I agree to undertake any additional accreditation and/or training as required from time to time by NZX
* I agree to pay to NZX such fees, levies or other charges (including, but not limited to, fines for breaches of the NZX Participant Rules) as are set from time to time by NZX and
* I have provided, as attached to this application, written confirmation from the Market Participant that the Market Participant supports my application for designation as an approved and accredited Dealer

**Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Market Participant Undertaking

As Managing Principal of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the **Market Participant**), I confirm that the Market Participant supports this application and that:

* The Applicant has undertaken the required training specified in the NZX Participant Rules
* The Applicant has demonstrated a thorough working knowledge of the NZX Participant Rules and directions given from time to time by NZX as applicable to FSM Dealers
* The Applicant has a working knowledge of the Trading System and
* The Applicant will undertake regular training to ensure ongoing compliance with the NZX Participant Rules, directions given by NZX from time to time, and Good Broking Practice

The Market Participant requests that the Applicant be designated as an FSM Dealer and provided access to the Trading System.

**Managing Principal Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_