# BPOT Approved Client Request Form

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| **Section 1: Particulars of Participant submitting BPOT approved client request** |
| Name of Participant: |  |
| Name of Participant Employee submitting this form: |  |
| Position of Participant Employee submitting this form *(select one)*: | 󠇯 Managing Principal󠇯 Responsible Executive󠇯 Compliance Manager󠇯󠇯 Authorised Compliance Manager Delegate |
| Contact phone number: |  |
| Contact email address: |  |
| **Section 2: Particulars of Institutional Client or Principal Account seeking Approved BPOT Client recognition** |
| Name of Institutional Client or Principal Account:  |  |
| Confirmation of the Institutional Client’s country of domicile as one of the Recognised BPOT Jurisdictions *(select one)*:  | 󠇯 New Zealand󠇯 Australia󠇯 Singapore󠇯 Hong Kong󠇯 United Kingdom󠇯 United States of America󠇯 Canada |
| SMP Key relevant to this request:  |  |
| **Section 3: Acknowledgements** |
| 󠄒 We agree to pay the relevant fees specified in the fee schedule in respect of our use of the self-match prevention service.󠄒 We agree to provide NZ RegCo with a register of all our Approved BPOT Clients and Principal Accounts within 10 business days of the end of each quarter.󠄒 We acknowledge that the self-match prevention service will operate in the manner described in the Self Match Prevention Practice Note.  |
| **Section 7: Authorisation** |
| **By signing below, we consent to processes of personal data in accordance with the Privacy Policy statement included on** [**NZX’s website**](https://www.nzx.com/meta-pages/privacy-policy)**:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorised Signature Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name of Signatory** |