

**Appendix 2 to the Trading Rulebook**

**Appendix 9 to the Clearing Rulebook**

**APPLICATION FORM FOR**

**TRADING MEMBERSHIP AT**  
**IMAREX - INTERNATIONAL MARITIME EXCHANGE ASA**

**AND**

**CLEARING MEMBERSHIP WITH**  
**NOS – NOS CLEARING ASA**

Name of Company/Applicant (In full) \_\_\_\_\_

This Application Form must be filled out in order for the Company to be accepted as a Trading Member with Imarex and Clearing Member with NOS. Defined terms in this form bear the meaning in the Rulebook for Trading at Imarex and the Rulebook for Clearing with NOS.

The Company must enclose the following documentation with this Application:

- A.** A certified true copy of its constitutional documents (such as the Certificate of Registration / Memorandum or Articles of Incorporation)
- B.** A list of signatures from each Director/Manager authorised to sign on behalf of the Company, signed by a notary public or similar.
- C.** A list of names of the members of the board and auditor of the Company
- D.** A list of all owners who own 20% or more of the Company, including the percentage of ownership.
- E.** A certified true copy of the Companies most recent audited accounts
- F.** A certified true copy of any relevant authorisation or license from any relevant regulator as mentioned in Section 18 below.

All the documents submitted with this Application Form must be certified true copies and written in or translated into English or Norwegian.

### **I Applicant Information**

1. Nature of entity (e.g. Public or Private Limited Company, Trust or Partnership)

\_\_\_\_\_

2. Country of incorporation and (if different) establishment

\_\_\_\_\_

3. Date of incorporation

\_\_\_\_\_

4. Registered number of Company (if applicable) \_\_\_\_\_

5. Address of registered office

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Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

6. Country from which trading and Clearing will be handled  
(if different from 2 above)

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7. Address (if different) of branch or other office from which trading and Clearing is to be undertaken

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Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

8. Short description of the Companies main business (e.g. Financial Investors, Oil Company, Shipowner, Fish Exporter/Importer, Power Plant):

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9. Please provide an overview of the corporate structure of the Company, including principal lines of business and group-wide strategy (diagram). Please include information regarding concentration of ownership levels

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10. Purpose of the membership:

- \_\_\_\_\_ Trading
- \_\_\_\_\_ Hedging
- \_\_\_\_\_ Portfolio management
- \_\_\_\_\_ General Clearing Member (GCM)
- \_\_\_\_\_ Other, please specify \_\_\_\_\_

11. Does the Company have a credit rating by a rating agency?

Yes  No

If yes,

What is the name of the rated entity? \_\_\_\_\_

What is the rating? \_\_\_\_\_

What rating agency? \_\_\_\_\_

**II Responsible Person**

12. Name of Responsible Person \_\_\_\_\_

\_\_\_\_\_

Title/Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Fax Number \_\_\_\_\_

Name of principal to Responsible Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Fax Number \_\_\_\_\_

**III Trading**

13.

Name of Trader	Phone Number	Mobile Phone Number	E-mail	No. of years employed

[Note: The Company must have at least one Trader unless they use one or more Trading Representatives]

Do the Companies employees who will be involved in trading have relevant experience and competence to deal with trading and settlement of the relevant contracts?

Yes  No

Please give a brief description in respect of each employee of his/her experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV Clearing / Back Office / Risk Management**

14.

Name	Phone Number	Mobile Phone Number	E-mail	No. of years employed

Do the Companies employees who will be involved in clearing / back office / risk management have experience and competence to deal with trading and settlement of derivatives contracts?

Yes  No

Please give a brief description in respect of each employee of his/her experience.

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**V IT operations**

15.

Name of technical contacts	Phone Number	Fax	E-mail

**VI Trading Representative**

16. Will you trade through external Trading Representatives?

Yes  No

If yes

Company Name	Reg. No.	Address	Phone Number	Fax Number	E-mail

Name of Trading Representative	Phone Number	E-mail

**VII Supervision**

17. Is the Company licensed by and supervised by the Financial Services Authority (or any successor body) in the UK, FSA of Norway (Kredittilsynet) or similar authorities in EEA member states or by the Commodities and Futures Trading Commission or Securities and Exchange Commission in the USA, or similar authorities elsewhere.

Yes  No

If yes,

Which authority? \_\_\_\_\_

Which licence? \_\_\_\_\_

**VIII Others**

18. Is or has the Company or any member of the Companies group, been a member of any other exchanges and/or clearing organisations?

Yes  No

If yes, please list the name of the exchange or clearing organisation

\_\_\_\_\_

\_\_\_\_\_

19. Has the Company ever been denied membership or clearing privileges by any exchange and/or clearing organisation and/or regulators? Have any such membership/clearing privileges ever been suspended, revoked or made subject to any condition?

Yes  No

If yes, please describe and provide supporting documentation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Has the Company or any member of the Companies group or any present responsible employee(s) or Traders ever been: (a) convicted of any criminal offence carrying a potential penalty of

imprisonment, (b) found guilty of violating a rule or regulation in relation to embezzlement, theft, fraud, extortion, misappropriation of funds, forgery, or bribery, or (c) fined or criticised by any court, government or regulatory authority, or exchange/clearing organisation?

Yes  No

If yes, please describe and provide supporting documentation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. The Company acknowledges that Imarex and NOS is entitled to immediately terminate the membership in the case where a Member has given incorrect information on the Application Form.

I confirm that the information on, and attached to, this Application Form is true and accurate. I agree that Imarex and NOS may utilise and disclose the information on this Application Form in accordance with the powers set out in the applicable Rulebook as if I were a Member.

.....  
(place) , (date)

.....  
(sign)

.....  
Repeat signature in capital letters

For and on behalf of

.....  
The Company (full name in capital letters).

This agreement must be signed by a person authorised to sign on behalf of the Company. Once completed, signed and dated this Application Form, with the necessary documentation, should be sent to International Maritime Exchange ASA to the address below:

Hieronymus Heyerdahls gate 1,  
P.O. Box 246 Sentrum  
N-0103 OSLO  
NORWAY