



DGCX DMM TENDER APPLICATION FORM

1. Name of Applicant (Company Name): _____
2. Membership Type: Broker Member Trade Member RDMA Client
3. Clearing Member to be used, if not a Clearing Member: _____
4. Name, and designation the of main contact person to discuss the application:

5. List of Products on which the Applicant seeks to make markets in:

6. The specification of the parameters for the DMM obligation. Please complete the below table for each product to reflect your desired quote structure and compensation.

DGCX Futures/Options Contracts	Front Month		Second Month		Minimum Obligation in Time Commitment
	Minimum Quantity	Maximum Tick Spread	Minimum Quantity	Maximum Tick Spread	
Reference Market					
Contract Rollover (Spread)					
Compensation Structure					
Maximum Open Interest					

Note: Please include the above table for each product tendered for. Multiple products cannot be covered by one table except for Single Stock Futures and G6 Currency Futures. Please see Annexure 2 on the 'Invitation to apply for Designated Market Maker Status in specified DGCX Contracts' document.

7. Market Making Experience in related markets:

Yes No

If yes, state the number of years:

Which Exchange(s): _____

8. Trading software used:

Method of trading: Manual Automated

Do you currently have automated software:

Yes No

Is the automated software certified by DGCX:

Yes No

9. Mode of Connectivity to connect DGCX: _____

10. Market Making software to be used: _____

11. Settlement Banking Arrangements to meet DMM obligations (only applicable to Self Clearers):

Yes No

12. Email id(s) you wish to register for Request for Quotes purpose:

13. Name(s) of proposed Market Maker Traders (MMT) responsible for Market Making:

14. Date from which the applicant can carry out Market Making commitments:

15. Do you agree to being promoted as a DMM for publicity purposes?

Yes No

16. If you have not been awarded a DMM Contract from DGCX in the past are you able to provide references and perform testing:

Yes No



17. Are there any additional products not listed on the DGCX for which you would be interested in being the DMM?

Please attach any additional information that may be relevant to the application.

The Applicant hereby declares that all the information contained in this application form, and otherwise supplied, is complete, true, accurate and not misleading.

Authorized Signature:

Name:

Designation:

Date:

Please return to the following address:

DGCX Product Management
Dubai Gold & Commodities Exchange
Gold Tower, Level UP
JLT, PO Box 37736
Dubai, UAE

Telephone: +971 4361 1600
Fax: +971 4361 1669
Email: tender@dgcx.ae