

Notice No.: COMP-2020-064**Issue Date:** 30 September 2020**Subject: Quarterly Clients' Fund Segregation Report for SCA Licensed Broker Members**

Notice to all Broker Members,

Subject: Quarterly Clients' Fund Segregation Report for SCA Licensed Broker Members

In pursuance of DGCX By-Laws, DCCC Clearing Rules and SCA Requirements, all Broker Members holding a valid regulatory license are now required to submit to DGCX a quarterly Clients' Fund Segregation Report in the format specified in Annex A. This must be submitted within 10 business days from the end of each quarter. The report must be checked and verified by the Compliance Officer.

Broker Members are hereby notified that these are mandatory requirements by SCA and submission of the Clients' Fund Segregation Report must be made to DGCX through the assigned email address compliance@dgcx.ae within 10 business days from the end of each quarter.

Therefore, Broker Members are required to submit the Client Funds' Segregation Report for the third quarter of 2020 (as of 30 September 2020) on or before **14 October 2020** ("Deadline"). Furthermore, Broker Members should note that in the event that the Clients' Fund Segregation Report is not submitted by the stipulated Deadline, DGCX reserves the right to take such action against the Member as is deemed appropriate.

For Dubai Gold & Commodities Exchange**Maggie Mansour**
Compliance Director

ANNEX-A: STATEMENT OF RECONCILIATION OF CLIENTS' CREDIT BALANCES WITH THEIR CASH BALANCES WITH COMMODITIES BROKERAGE FIRMS

(Should be printed on Member's letterhead)

Particulars		Amount in AED	Amount in USD
Clients' Balance as per Statement of Accounts	(1)		
Clients' Balance with Brokerage Firm in Bank	(2)		
Clients' Balance in Brokerage Firm's Bank A/c No. (1234) with XYZ Bank			
Clients' Balance in Brokerage Firm's Bank A/c No. (5678) with ABC Bank			
Clients' Fund with DCCC/Clearing member	(3)		
Cash (after haircut)			
Non-Cash (after haircut)			
Clients' Balance with Brokerage Firm in Bank and DCCC (2+3)	(4)		
Shortfall/Excess (4-1)			
Note - Please clarify the reason for shortfall/excess in the Clients' funds.			

Compliance Officer

Name:

Signature:

Date: