**Membership Application Form**

Thank you for your interest in Membership of Dubai Gold and Commodities Exchange DMCC (“DGCX” “the Exchange”). We seek your understanding on the following while completing the Application:

* Please complete the Application and all annexures in English. This applies to the supporting documents accompanying your submission.
* All information is required, unless expressly indicated as optional.
* Please use additional sheets or appendices to furnish information, wherever necessary.
* Original signed copy of the Application form, annexures and other relevant documents, as applicable, must be sent to:

**Membership Department**

**Dubai Gold and Commodities Exchange**

Jumeirah Lakes Towers (JLT),

Gold Tower (AU), Level UP (Floor 37),

P.O. Box 37736, Dubai, UAE Tel: +9714 361 1636 / 1644, Fax: +9714 361 1617

Email: membership@dgcx.ae

[www.dgcx.ae](http://www.dgcx.ae)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Application for Membership | | | | | | | | | | | |
| Please indicate the type of Membership the Applicant intends to engage as a DGCX Member.   |  |  |  | | --- | --- | --- | | * Broker Membership |  |  | | * Trade Membership |  |  | | | | | | | | | | | | |
| 1. Clearing Membership | | | | | | | | | | | |
| Does the Applicant intend to apply to Dubai Commodities Clearing Corporation (DCCC) to be a Clearing Member?  YES  NO  If yes, please indicate the type of Membership the Applicant intends to engage as a DCCC Member.   |  |  | | --- | --- | | * Trade Clearing Membership (DGCX Trade Members only) |  | | * Direct Clearing Membership (DGCX Broker Members only) |  | | * General Clearing Membership (DGCX Broker Members only) |  | | | | | | | | | | | | |
| 1. Details of Applicant | | | | | | | | | | | |
| * Full Legal Entity Name: | |  | | | | | | | | | |
| * Entity Legal Type | |  | | | | | | | | | |
| * Registration Number: | |  | | | | | | | | | |
| * Licensing Authority: | |  | | | | | | | | | |
| * Date of Incorporation: | |  | | | | | | | | | |
| * Country of Incorporation: | |  | | | | | | | | | |
| * Registered Office Address: | |  | | | | | | | | | |
| * P. O Box/Postal Code: | |  | | | | | City: | |  | | |
| * Telephone Number: | |  | | | | | Fax Number: | |  | | |
| * Mailing Address (If different to that of Registered Office): | | | | | | | | | | | |
|  | |  | | | | | | | | | |
| * P. O Box/Postal Code: | |  | | | | | City: | |  | | |
| * E-mail Address: | |  | | | | | Website: | |  | | |
| * Contact persons: | |  | | | | | | | | | |
| Full Name: | |  | | | | | | | | | |
| Designation: | |  | | | | | | | | | |
| Direct Phone No.: | |  | | | | | Mobile No.: | |  | | |
| Email: | |  | | | | | | | | | |
| Second Contact: (if any) | |  | | | | | | | | | |
| Full Name: | |  | | | | | | | | | |
| Designation: | |  | | | | | | | | | |
| Direct Phone No.: | |  | | | | | Mobile No.: | |  | | |
| Email: | |  | | | | | | | | | |
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| 1. Branch & Representative Office   Does the Applicant have a branch or representative office in the UAE?  YES  NO  If yes, please provide all the relevant details:   |  |  |  |  | | --- | --- | --- | --- | | * Name of the Branch or Representative Office: | | | | |  |  | | | | * Address: |  | | | | * P. O Box/Postal Code: |  | City: |  | | * Contact persons: |  | | | | Full Name: |  | | | | Designation: |  | | | | Direct phone no.: |  | E-mail: |  |  1. Description of Applicant’s Business | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Brokerage |  | Banking |  | Manufacturing |  | | Commodities Trading |  | Clearing |  | Currency Exchange House |  | | | | | | | | | | | | | |
| Other (Please specify) | |  | | | | | | | | | |
| Countries from which the Applicant will conduct business on DGCX: | | | | | | | | | | | |
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| 1. Ownership and Management Details | | | | | | | | | | | |
| Please complete the information below and fill Annex A for each person. | | | | | | | | | | | |
| 1. **Shareholders Details:** | | | | | | | | | | | |
| Full Name | | | | Shareholding% | | Nationality | | | Address | | |
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| \*\*If the shareholder is an entity, please provide copy of its trade license / Certificate of Incorporation / MOA. | | | | | | | | | | | |
| 1. **Ultimate Beneficial Owners (UBO) Details:** | | | | | | | | | | | |
| Full Name | | | | Shareholding% | | Nationality | | | Address | | |
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| \*\*Ultimate Beneficial Owner is the natural person(s) who ultimately owns or controls (directly or indirectly) 25% or more of the Applicant firm or who exercise ultimate effective control over the Applicant’s firm. | | | | | | | | | | | |
| 1. **Directors Details:** | | | | | | | | | | | |
| Full Name | | | | Date of appointment (dd/mm/yyyy) | | Nationality | | | Address | | |
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| Page 3 of 9   1. **Is any of shareholders, director, UBO a Politically Exposed Person?**   {i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?   |  |  |  | | --- | --- | --- | | Yes | No | Not Sure |   If ‘YES’ or ‘NOT SURE’ please provide below any known details: | | | | | | | | | | | |
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| 1. Membership of Other Exchanges | | | | | | | | | | | |
| Please provide details of memberships of other derivatives or securities exchanges held by the Applicant or its related parties. | | | | | | | | | | | |
| Name of Exchange | | | Type of Membership | | | | | Date of Membership | | | |
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| 1. Membership of Trade Associations   Please provide details of membership of trade associations held by the Applicant or by a party related to the Applicant.   |  |  |  | | --- | --- | --- | | Name of the Trade Association | Name of Member | Member Since (Date) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. Business Plan | | | | | | | | | | | |
| Please attach a business plan which should include the experience of the Applicant’s directors & management, the nature of the Business and the intended purpose that membership is being sought, and the contribution that the Applicant proposes to make to DGCX. | | | | | | | | | | | |
| 1. Financial Details | | | | | | | | | | | |
| Paid Up Capital: | | | | |  | | | | | | |
| Estimated Annual Income: | | | | |  | | | | | | |
| Financial year followed by the Applicant: | | | | |  | | | | | | |
| 1. Source of Funds   Please provide details on the source of funds that will be invested in DGCX   |  | | --- | |  |  1. Bank Details   Please provide details of bank account(s) held by the Applicant.   |  |  |  |  | | --- | --- | --- | --- | |  | 1 | 2 | 3 | | Name of Bank: |  |  |  | | Full Address: |  |  |  | | Account Number: |  |  |  | | Account Type: |  |  |  | | Operational Since (date): |  |  |  |  1. Statutory Regulatory Oversight | | | | | | | | | | | |
| Is the Applicant or its subsidiary licensed by a statutory/ regulatory authority in relation to derivatives or securities markets?  YES  NO  If yes, please provide all the relevant details: | | | | | | | | | | | |
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| 1. Fit & Proper Questionnaire | | | | | | | | | | | |
| If the Applicant answers “Yes” to any of the questions in this section, please provide details in the textbox at the end of this questionnaire. If necessary, attach separate documentation. | | | | | | | | | | | |
| 1. Has the Applicant, any of its shareholders, subsidiaries, director or key staff Committed administrative violations or criminal offences for which final decisions were issued by a governmental or regulatory authority, inside or outside United Arab Emirates. in the last 10 years? | | | | | | | | | | YES  NO | |
| 1. Has the Applicant, any of its shareholders, subsidiaries, director or key staff been made aware, whether formally or informally, that it is the subject of any investigation, review or disciplinary procedure by any regulatory authority, professional body, financial services regulator, self‐regulatory organisation, regulated exchange, clearing house, government body, agency, or any other officially instigated inquiry? | | | | | | | | | | YES    NO | |
| 1. Has the Applicant, any of its shareholders, subsidiaries, director or key staff been refused, or had a restriction placed on, the right to carry on a trade, business, or profession requiring a license, registration, or other permission in the last 10 years? | | | | | | | | | | | YES    NO |
| 1. has the Applicant, or any of its subsidiaries, shareholders, directors or key staff been or is unable to fulfil any of his financial obligations, or gone into insolvency, liquidation, administration or the equivalent proceedings, or been subject to a judgment debt or declared a bankruptcy in the last 10 years in the UAE or elsewhere? | | | | | | | | | | | YES    NO |
| 1. has any commodity exchange, securities exchange, clearing organization or other self-regulatory body ever fined, suspended, conditioned, denied or revoked privileges of the Applicant, or any of its subsidiaries, shareholders, directors or key staff? | | | | | | | | | | | YES    NO |
| 1. Is the Applicant’s entity, any of its shareholders, subsidiaries, director or key staff partner in another Brokerage Firm? | | | | | | | | | | | YES    NO |
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| 1. Required Supporting Documents | | | | | | | | | | | |
| Please be sure to include all of the items listed below with your initial application submission in order for the application review process to begin promptly. Failure to include all items listed may result in processing delays.  Applications are deemed confidential and handled in a secure environment. Applicants should be prepared to provide such other reasonable information with respect to this Application as DGCX may require. | | | | | | | | | | | |
|  | A notarised and attested copy of the Memorandum and Articles of Association. | | | | | | | | | | |
|  | A notarised and attested copy of a valid Trade License or Certificate of Good Standing, and Certificate of Incorporation, approved by the concerned authorities. | | | | | | | | | | |
|  | Partners/board of directors’ resolution seeking Membership of DGCX. | | | | | | | | | | |
|  | Partners/board of directors’ resolution for appointment of directors. | | | | | | | | | | |
|  | Completed ownership structure on the entity letterhead, signed by entity’s authorised signatory. | | | | | | | | | | |
|  | Copy of official documents (MOAs, AOAs, Share Certificate, Authorities Extract, Trade Licenses, Official Companies Profiles, etc) which proof the Ultimate Beneficial Owner(s). | | | | | | | | | | |
|  | A certified true copy of the passports for shareholder, directors, ultimate beneficial owners, authorized signatory, and key staff. | | | | | | | | | | |
|  | Annexure A - Biodata of Directors, Shareholders, Compliance Officer, authorized signatories. | | | | | | | | | | |
|  | Annexure B – Bank Reference Letter. | | | | | | | | | | |
|  | Annexure C – Audited Net Current Tangible Assets (NCTA) Certified by External Auditor. | | | | | | | | | | |
|  | Annexure D - List of Authorized Signatories. | | | | | | | | | | |
|  | Completed organisation structure on the entity letterhead, signed by entity’s authorised signatory. | | | | | | | | | | |
|  | Business plan describing the experience of the Applicant’s directors & management, the nature of business and the intended purpose reasons that membership is being sought, and the contribution that the Applicant aims to make to DGCX. | | | | | | | | | | |
|  | Copy of the latest audited financial statement. | | | | | | | | | | |
|  | Proof of registered address and operating address of the entity (Utility Bill, Tenancy Contract, etc.). | | | | | | | | | | |
|  | CRS/ FATCA Form. | | | | | | | | | | |
|  | Copy of the original power of attorney (if applicable). | | | | | | | | | | |
|  | Exchange Undertaking. | | | | | | | | | | |
|  | Copy of Tax Registration Certificate | | | | | | | | | | |
|  | Application Fee of $US 1,000\* (non-refundable). | | | | | | | | | | |
|  | Membership admission fee ($US 75,000\* for Broker Membership - $US 30,000\* for Trade Membership). | | | | | | | | | | |
| *\*Applicable VAT amount to be added for UAE based entities* | | | | | | | | | | | |
| 1. Applicant Declaration | | | | | | | | | | | |
| 1. I declare that, to the best of my knowledge and belief, having made all due enquiry, the information given in this form, and in the documents attached is complete and correct. I understand that misleading or attempting to mislead the Exchange during the application process will be deemed an act of misconduct and may render the Applicant liable to disciplinary proceedings | | | | | | | | | | | |
| 1. I hereby undertake to notify the Exchange in writing of any other information which is relevant to the Application and will immediately notify the Exchange of any significant changes in the information provided in this Application form which occur after the date of submission of the Application. | | | | | | | | | | | |
| 1. We acknowledge that any misrepresentation or withholding of facts in connection with this Application for membership or breach of any undertaking or condition of admission to membership may result in rejection of our application or termination of the membership. We hereby state that the above is correct and complete to the best of our knowledge. | | | | | | | | | | | |
| 1. I declare, to the best of my knowledge and belief, having made all due enquiry, that the Applicant’s Key staff, directors, and the proposed Board members are fit and proper to perform the functions for which they are proposed. | | | | | | | | | | | |
| 1. I declare my understanding that the DGCX may request more detailed information (including but not limited to, personal, educational, employment and financial information) should it be deemed necessary to adequately assess the fitness and propriety of the firm or any person connected to the firm. | | | | | | | | | | | |
| 1. We hereby apply for Broker Membership/ Trade Membership of DGCX. We confirm that we have read and understood the DGCX By-laws and Clearing Rules of DCCC, and agree to comply with and be bound by the DGCX By-Laws and Clearing Rules of DCCC in its current form and as amended from time to time, and to pay fees as the Exchange may determine from time to time. | | | | | | | | | | | |
| 1. I understand that any personal data provided to the DGCX will be used to discharge its regulatory functions under the DGCX By-Laws and the rules of DCCC. | | | | | | | | | | | |
| 1. Tax Declaration 2. **For Applicants based in the United Arab Emirates:**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | We, | |  | | hereby confirm that: | | * The Value Added Tax Number related to our firm as issued by the Federal Tax Authority of United Arab | | | | | | Emirates, is: | | |  | | | * The address of our office/permanent Establishment/branch in the UAE is: | | | | | |  |  | | | | | * We will inform DGCX in case of any change in the information provided in this declaration. | | | | |  1. **For Applicants based outside the United Arab Emirates:**  |  |  |  | | --- | --- | --- | | We, |  | hereby confirm that | | we do not have either of the following:  a) Value Added Tax No. issued from the Federal Tax Authority of United Arab Emirates,  b) Address of any office/permanent Establishment/branch in the UAE.   * We will inform DGCX in case of any change in the information provided in this declaration.   **-OR-**  We,       hereby confirm that:   * The Value Added Tax Number related to our firm as issued by the Federal Tax Authority of United Arab Emirates, is: * The address of our office/permanent Establishment/branch in the UAE is: * We will inform DGCX in case of any change in the information provided in this declaration. | | |  1. Signature   I confirm that I have the authority to make this Application, to declare as specified above and sign this form for, or on behalf of, the Applicant. | | | | | | | | | | | |
| Name of the Applicant | | | | |  | | | | | | |
| Names of the Authorized Signatory(ies): | | | | |  | | | | | | |
| Designation of the Signatory(ies): | | | | |  | | | | | | |
| Signature(s): | | | | |  | | | | | | |
| Date: | | | | |  | | | | | | |
| \*\*Note: Authorized signatory as authorized by the Shareholders or Board of Directors to sign the Application form. | | | | | | | | | | | |
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| 1. Application Fee / Admission Fee | | | | | | | | | | | |
| A non-refundable Application fee of USD 1000 (Applicable VAT amount to be added for UAE based entities) must accompany the Application. The Application must also be accompanied with the applicable membership fee; which will be returned in full if the Application is not approved. Requests for refund of membership fees deposited may be considered for refund at the Exchange’s discretion whilst the Application is in progress. Please note that fees paid become non-refundable once an application is approved for membership.  Payments may be made through telegraphic transfer to any of the DGCX bank accounts as per details given below:  Dubai Gold and Commodities Exchange DMCC  A/C No: 1 0 2 2 2 4 4 8 0 8 1 0 1  IBAN No: AE700260001022244808101  SWIFT CODE: EBILAEAD  BANK: Emirates NBD  Please provide payment details of the telegraphic transfer affected:   |  |  | | --- | --- | | Amount Paid: |  | | Name of Bank: |  | | Reference Number: |  |     Please forward the SWIFT copy to the DGCX Membership Department at membership@dgcx.ae For any further clarifications, please write or call the DGCX Membership Department  **Membership Department**  **Dubai Gold and Commodities Exchange**  Jumeirah Lakes Towers (JLT), Gold Tower (AU), Level UP (Floor 37),  P.O. Box 37736, Dubai, UAE Tel: +9714 361 1636 / 1624, Fax: +9714 361 1617  Email: membership@dgcx.ae www.dgcx.ae | | | | | | | | | | | |