

APPLICATION FOR MEMBERSHIP

We _____
are applying for membership to the following exchanges and markets:

NASDAQ OMX Cash Markets:	Equities (INET)	Fixed Income (GENIUM INET)	
NASDAQ OMX Copenhagen	<input type="checkbox"/>	<input type="checkbox"/>	
NASDAQ OMX Helsinki	<input type="checkbox"/>		
NASDAQ OMX Iceland	<input type="checkbox"/>	<input type="checkbox"/>	
NASDAQ OMX Stockholm*	<input type="checkbox"/>	<input type="checkbox"/>	

NASDAQ OMX Derivatives Markets (GENIUM INET) **	NCM	DCM	GCM
Type of derivatives membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NASDAQ OMX Stockholm membership allows you possibility to trade on the Norwegian submarket

**Choice of markets and products to trade is made at a later stage in the membership process

We intend to trade:	Equities	Derivatives	Fixed Income
Customer accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algorhythmic Trading	<input type="checkbox"/>		<input type="checkbox"/>
Direct Market Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market Making		<input type="checkbox"/>	
Warrants	<input type="checkbox"/>		<input type="checkbox"/>
First North	<input type="checkbox"/>		<input type="checkbox"/>

Price list choice for Nordic Cash markets:	Equity Price List			Warrant Price List		
	1	2	3	1	2	3
NASDAQ OMX Copenhagen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NASDAQ OMX Helsinki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASDAQ OMX Stockholm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Information to be included with application for membership:

1) Company and billing information:

Company name: _____

Company address: _____

Billing address: _____
(If other than Company address)

Company number: _____

VAT number: _____

Billing reference person: _____

BIC code: _____

2) Date of incorporation: _____

3) Supervisory Authority: _____

4) Financial information:

Share capital: _____

Other tied up capital: _____

5) The 10 largest stake holders including percentage of ownership (if a subsidiary), please specify the 10 largest shareholders of the parent company(ies) The owners of all companies directly or indirectly owning more than 50% of the applying company shall be presented.)

6) Memberships of other exchanges, clearing organizations, trade associations and regulatory bodies and the year entered into such membership:

7) Will the applicant have branch offices conducting trades on NASDAQ OMX:

8) General description of applicant's business activities and intended trading activities with NASDAQ OMX:

9) **Technical information**
Equity (INET) and Fixed Income (GENIUM INET) Trading System

Which point of connection to INET/GENIUM INET does the Applicant intend to use:

- Copenhagen
- Helsinki
- Iceland
- Stockholm

Trading and back office applications

Equities: Applications

Name of certified trading application used by Applicant:

Number of HOSTS/servers at Applicant's trading-application

Derivatives: Applications

Name of certified trading application used by Applicant:

Name of certified back office application used by Applicant:

Fixed Income: Applications

Name of certified trading application used by Applicant:

Name of certified back office application used by Applicant:

10) Senior Management and contact persons

	Name:	Tel. number:	E-mail address:
Board of Directors			
CEO			
Head of Compliance			
Head of Trading			
Head of Back Office			
Head of Risk Control			
Technical responsible			
Contact person for trader authorization			
Contact person for financial information			
Other contacts			
Contact persons for e.g. trader applications etc.			

Please state if there are different contact persons for Equities and Derivatives

11) Clearing and Settlement information (Equity membership only)

Clearing at Central Counterparty

Which type of participant will the applicant have at the Central Counterparty appointed by NASDAQ OMX Nordic:

	General Clearing Participant	Direct Clearing Participant	Non-Clearing Participant	Name of General Clearing Participant (if NCP)
Copenhagen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Helsinki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stockholm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Iceland does not have Central Counterparty clearing

We intend to trade only CCP- cleared instruments

CCP Clearing is to be set up in accordance with the EMCF Statement of Authority and NASDAQ OMX GCM Verification Form.

Settlement at Central Securities Depository

How does the applicant intend to settle at the Central Securities Depository of the markets of which they are applying for membership:

We intend to settle at the following CSD through:	A custodian or GCP but not in own account/code	A custodian/ GCP with an own Clearing ID	Direct membership at CSD	Name of Custodian
Copenhagen (VP Securities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Helsinki (Euroclear Finland)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stockholm (Euroclear Sweden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Iceland (The Icelandic Securities Depository)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please indicate which CSD Clearing Sign (ID) that will be used for each applicable CSD:

Sweden (Euroclear VPC): _____

Finland (Euroclear APK): _____

Denmark (VP): _____ (usually a 5 digit number)

Iceland (VBS): _____

12) **Appendices to be enclosed:**

- Copy of the relevant authorizations to provide investment services in the relevant jurisdictions (FSA approval) applicable only to regulated members.
- Financial statements for the previous year and if available, the most recent interim report.
- Copy of the company's Articles of Association
- Copy of the company's Certificate of Incorporation
- List of authorized signatories specifying the authorities of each signatory, along with documentation evidencing the authorities.
- Description of the ownership structure (If the applicant is part of a group of companies and if it is not in the financial statement). The names of other group of companies and the applicant's relationship to those companies should be clearly indicated.

Additional forms to be enclosed:

- Additional Information Form, applicable only to Unregulated Members
- Verification of general clearing participant form, if applicable
To be signed by any NASDAQ OMX Nordic Exchange Member that will trade CCP cleared securities and who is not a member of the CCP providing clearing services. The GCP must also sign the form to verify that they will perform the necessary services.
- Verification of custody bank for bilateral clearing of trades
To be signed by any NASDAQ OMX Nordic Exchange Member that wishes to trade securities that are bilaterally cleared and settled at a CSD where the member does not hold full membership of the CSD. The custody bank must also sign the form to acknowledge that they assume the responsibility for the trades.
- Risk Management questionnaire, applicable only for Derivatives DCM and GCM membership applications.

Please send in the completed application with supporting documentation (all appendices described above) to NASDAQ OMX Nordic. NASDAQ OMX Nordic needs documents on the Nordic languages or English, in order for us to be able to assess applications to become member.

We hereby certify that we have requisite risk management routines in place.

We hereby certify that the information submitted is complete and accurate. If admitted as a member we undertake to:

- Continuously satisfy the applicable criteria for obtaining membership of NASDAQ OMX Nordic.
- Notify NASDAQ OMX Nordic of any substantial change in the information submitted

NASDAQ OMX Nordic may require further/updated information and/or documentation.

Date: _____

Applicant: _____

Authorized signature

Authorized signature

Name (printed)

Name (printed)