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| **LCH SA**  Application for  **Clearing Member**  **admission**  *An on-boarding summary table containing the required documents is available upon request to Membership* |

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| **Name of the Applicant** |  |

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| *The admission application will not be taken into consideration until this form and all required supplementary documents are returned to LCH SA. If the form does not provide sufficient space, please use a separate sheet for the remaining information.*  *Where applicable the terms used in this admission application shall have the meaning assigned to them in the Clearing Rule Book, the latest version of which can be found on LCH website (*[*www.lch.com*](http://www.lchclearnet.com/)). |

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| **LCH SA**  Membership Department  Le Centorial  18, rue du Quatre Septembre  75002 PARIS  🖀 +33 (0)1 70 37 67 60  membership.fr@lch.com |

**Updated April 2015**

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| **1.** **APPLICANT DETAILS** |

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| **1.1. Legal status** |

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| **Statutory name** |
| (Full Legal Name) |
| **Commercial name** |
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| --- | --- |
| Type of legal entity |  |
| Established on | \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ *(Day / Month / Year)* |
| Commercial registry number and location of the registry | Registry number : |
| Location (City & Country) : |
| SIREN Number  (French companies only) |  |
| EEC VAT Number |  |
| LEI |  |
| CICI |  |

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| --- | --- | --- | --- | --- | --- |
| **Registered Office address (1)** | | | | | |
| Telephone |  | | | Fax |  |
| Building |  | | | Floor / Suite |  |
| Street |  | | | | |
| Postal code |  | City |  | Country |  |
| Web site |  | | | | |

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| **Mailing address (2)** | | | | | |
| Telephone |  | | | Fax |  |
| Building |  | | | Floor / Suite |  |
| Street |  | | | | |
| Postal code |  | City |  | Country |  |
| Web site |  | | | | |

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| *Do not hesitate to add more contacts address potentially needed by LCH.* |

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| **1.2. Risk and Financial information** |

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| **Credit rating** |
| According to the last declaration made to your banking or other regulatory authority on  \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (Day / Month / Year) |

|  |  |  |
| --- | --- | --- |
| Credit Rating Agency | Long-Term Rating | Short-Term Rating |
| FITCH RATINGS |  |  |
| MOODY’S |  |  |
| STANDARD & POOR’S |  |  |
| OTHER |  |  |

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| **Prudential capital** |
| *Statements of the Applicant and its parent companies, concerning core capital (Tier 1) and supplementary capital (Tier 2) are requested later in the document.* |

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| **Shareholders’ structure** |
| *The Applicant fills in the shareholder’s form below. LCH SA needs to know the top shareholders.*  *A more detailed organization chart is requested later in the document.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Shareholder 1 | | | | | |
| Name / Entity |  | % share |  | % voting rights |  |
| Shareholder 2 | | | | | |
| Name / Entity |  | % share |  | % voting rights |  |
| Shareholder 3 | | | | | |
| Name / Entity |  | % share |  | % voting rights |  |
| Shareholder 4 | | | | | |
| Name / Entity |  | % share |  | % voting rights |  |
| Shareholder 5 | | | | | |
| Name / Entity |  | % share |  | % voting rights |  |

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| *The Applicant fills in the subsidiaries form below. LCH SA needs to know the company’s top subsidiaries (the one consolidated in its financial reports).* |

|  |  |
| --- | --- |
| Subsidiary’s name / Country | % owned |
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| **1.3. Regulatory environment** |

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| **Professional category** |
| *Professional category of the Applicant:*  Credit Institution 🞎 Investment Firm 🞎 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Regulatory authority** |
| *Name of the regulatory authority which granted the professional status of the company and the date of accreditation: If the professional status of the applicant is pending to any regulatory approval, the corresponding box has to be ticked :*  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ *(Day / Month / Year)*  Pending 🞎 |

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| **2. INTERNAL ORGANISATION** |

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| **2.1. Back office organisation** |

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| *The Applicant fills in the form below if its back-office is in another location than its registered office address. .* |

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| --- | --- | --- | --- | --- | --- |
| **Back office operations location (3)** | | | | | |
| Telephone |  | | | Fax |  |
| Address |  | | | | |
| Postal code |  | City |  | Country |  |
| Email |  | | | | |

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| *The Applicant fills in the form below if its back-office operations are subcontracted to another firm.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Back-office operations services provider (4)** | | | | | |
| Statutory name |  | | | | |
| Telephone |  | | | Fax |  |
| Building |  | | | Floor / Suite |  |
| Street |  | | | | |
| Postal code |  | City |  | Country |  |
| Web site |  | | | | |

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| *The Subcontracting agreement is requested later in the document.* |

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| **2.2. Contact information** |

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| *LCH must be able to contact the right person at the right time in order to provide the best service. Therefore, please confirm that the following forms are correctly pre-filled and fill them-in if they are empty or not accurate. If necessary do not hesitate to add more contacts potentially needed by the LCH internal services, or to modify some fields if necessary.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Membership entry contact for application file and membership change** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Membership Notices* informative list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Membership Notices* informative list. | | | | |  |

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| **Chief Executive Officer (CEO)** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Managing director (This contact can be any director)** | | | | | |
| Job title |  | | | | |
| Business area |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Business area |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |

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| --- | --- | --- | --- | --- |
| **Crisis Default** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |

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| **Business Continuity** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |

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| **Compliance Officer** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the Legal Information and Membership Notices informative lists. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the Legal Information and Membership Notices informative lists. | | | | |  |

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| --- | --- | --- | --- | --- |
| **Money Laundering Reporting officer (MLRO)** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |

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| **Finance Director** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *General Information* list. | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Risk department manager (All markets)** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Risk Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Risk Information* list. | | | | |  |

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| --- | --- | --- | --- | --- |
| **Accountant Billing/Invoicing** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |

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| --- | --- | --- | --- | --- | --- |
| **Treasury department (Management of margin call)** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Treasury Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Treasury Information* list. | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Legal and regulation department** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Legal Information* list. | | | | |  |
| **Deputy** | | | | | |
| Job title |  | | | | |
| Mr. / Ms. | First Name |  | Last Name |  | |
| Telephone |  | | Fax |  | |
| Email |  | | Address | (1) | |
| Tick the box to include this contact to the *Legal Information* list. | | | | |  |

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| --- | --- | --- | --- | --- |
| **Information technology department** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
|  | | | | |

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| --- | --- | --- | --- | --- |
| **E-manager users** *(responsible for uploading required KYC documents on an annual basis and updating contact list and target positions)* | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
| **Deputy** | | | | |
| Job title |  | | | |
| Mr. / Ms. | First Name |  | Last Name |  |
| Telephone |  | | Fax |  |
| Email |  | | Address | (1) |
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| **3. MEMBERSHIP** |

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| *The Applicant chooses the assets classes it wishes to provide Clearing Services on.* |

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| **Business Line documents** | |
| **Please Tick** | **Business Line** |
| 🞎 | **SECURITIES**  Euronext Securities, Bourse de Luxembourg, Börse Berlin Equiduct, Euronext London, BondMatch™, Galaxy™. |
| 🞎 | **DERIVATIVES**  Euronext Derivatives |
| 🞎 | **FIXED INCOME**  Platforms: BrokerTec, Euro MTS, MTS France, MTS Italy, Euroclear Trade Capture and Matching System (ETCMS), Tullett Prebon |
| 🞎 | **€GCPLUS**  Platforms: BrokerTec, MTS, Tullett Prebon, Euroclear Trade Capture and Matching System (ETCMS) |

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| **3.1. Other memberships** |

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| *If the Applicant is member of an Exchange (or several), it fills in the form below. Only the main Exchanges names are to be provided.* |

|  |  |  |
| --- | --- | --- |
| Exchange’s name | Membership  status | Date of  accreditation |
|  |  |  |
|  |  |  |
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| *If the Applicant is member of another Clearing House, it fills in the form below. Only the main Clearing Houses names are to be provided.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Clearing House’s name | Market cleared | Membership  status | Settlement system |
|  |  |  |  |
|  |  |  |  |
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| **4. REPRESENTATION** |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_(name and Title)  **hereby attest the accuracy of the information included in this document.**

|  |  |
| --- | --- |
| **Place** | **Date** |
|  |  |
| **Represented by** | |
|  | |
| **Title / Duties** | |
|  | |
| **Signature** | |
|  | |