



Application Form for IPsx Approved Valuers

February 2022

IPsx Approved Valuer Application Form

Introduction

This form should be completed by **Applicants** seeking to become an **IPsx Approved Valuer**.

All Member Firms are bound by the **IPsx Rules** and must ensure compliance with these rules. The Rulebook is available at [ipsx.com/rules-and-guidance](https://www.ipsx.com/rules-and-guidance)

Queries

If you have any queries regarding the completion of this form, please contact:

IPsx Market Regulation Team

+44 (0)20 3931 8800

regulation@ipsx.com

Send form to

Scanned copies of the form and supporting documents should be emailed to regulation@ipsx.com. If there is not enough space for any answer in this form, please complete the answer in a separate document and attach it with this application form.

IPsx Approved Valuer Application Form

Please complete the form using **BLOCK CAPITALS** or typed and all signatures must be original or scanned electronic signatures.

Terms in **bold** in this form have the meaning given to them in the **IPsx Rules**.

A. Applicant information

Full name of the **Applicant**:

Trading name (if different):

Registered number:

Registered office in country of incorporation:

Address:	
Town:	
Country:	Postcode:
Tel:	Email:

Business address:

Address:	
Town:	
Country:	Postcode:
Tel:	Email:

A1.

Legal status of the **Applicant** (e.g. public limited company, private limited company, limited liability partnership, etc.):

A2.

Place and date of company incorporation or formation:

	Date:
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A3.

Primary contact for the purposes of this application:

Name:	Title:
Email:	Tel:

A4.

If the **Applicant** is a private or unlisted company, please provide names of all the company’s directors. If the **Applicant** is a limited liability partnership, please provide the names of all LLP Designated Members:

Full name:	Position:

A5.

If the **Applicant** is a private or unlisted company or a limited liability partnership, please provide names of persons who own or control over 10% of its shares or voting rights:

Full name:	% Shareholdings:	Relationship to the Applicant :

A6.

If the **Applicant** is a private or unlisted company or a limited liability partnership, please provide the names of any other persons who otherwise exercises control over the management of the company:

Full name:	Relationship to the Applicant :

A7.

Has the **Applicant** previously applied to be an **IPsx Approved Valuer**?

Yes:	No:
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If yes, please provide details of any previous applications, including the names of individuals and dates of submission:

Contact:	Company:	Date:

B. RICS registration

B1.

Please confirm that the **Applicant** is a member of the **RICS Registered Valuer Scheme**

Yes:	No:
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B2.

Named individuals who will be completing **IPsx valuation services** and their years of relevant experience (list below full names, position in company and RICS membership numbers):

Full name:	Position:	Years of relevant experience:	RICS membership number:

B3.

Please confirm that the **Applicant** and the individuals named in B2 above are able to carry out **Red Book Regulated Purpose Valuations** and **Secured Lending Valuations**:

Yes:

B4.

In addition to being regulated by the RICS, is the **Applicant** also authorised by the FCA or another EEA Competent Authority?

Yes:	No:
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If yes, please state the name of the **Applicant's** Competent Authority and reference number:

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D. Disciplinary History

Please include details of any regulatory intervention, criticism or disciplinary action in relation to the **Applicant** or individuals of the firm that will be carrying out or have responsibility for activity in connection with **IPsx**, or any similar actions taken by a designated professional body. This should include the names of the individuals, the type of action, the date of the action and by which regulatory body:

E. Conflicts of Interest

E1.

Please confirm that a copy of the **Applicant's** Conflicts of Interest policy is provided alongside this application form:

Yes:

E2.

If the **Applicant** intends to provide other services on **IPsx**, such as acting as a **Lead Adviser** or **Trading Member**, please outline below how the **Applicant** plans to manage any conflicts of interest that may arise between these functions:

E3.

a) Is the **Applicant** an investor in, or have any other relationship with IPSX Group Limited?

Yes:

No:

b) If the **Applicant** has any interest in or relationship with IPSX Group Limited and its subsidiaries (including IPSX Group Limited Directors or other senior management), please outline below how the **Applicant** plans to manage any conflicts of interest that may arise:

E4.

Please state any other potential conflicts of interest which may arise if it were to become an **IPsx Approved Valuer**, and outline how the **Applicant** plans to manage these potential conflicts of interest:

F. Systems and Controls

F1.

Confirm your firm has a working knowledge of the **IPsx Rules** as they impact upon **IPsx Approved Valuers**:

F2.

Summarise what training employees engaged in the provision of **valuation services** to **IPsx Issuers** will receive in respect of **IPsx Rules** and associated procedures:

F3.

Confirm the structure of the team which will be completing the **valuation services**, specifically highlighting reporting lines (attaching a team organogram to the application is acceptable):

F4.

How will the **Applicant** monitor compliance with **IPsx Rules** by employees engaged in the provision of valuation services to an **IPsx Issuer**?

G. Remuneration

Please provide details on what basis the **Applicant** intends to charge **IPsx Issuers** for their services as an **IPsx Approved Valuer**:

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H. Recipients of IPSX Market Notices

Please provide a list of any individuals that should receive **Market Notices** published by **IPsx**, and their email addresses.

I. Declaration by officers of the Applicant

We are authorised to make this application for approval as an **IPsx Approved Valuer** on behalf of the **Applicant** named in Section A.

We confirm that the **Applicant** is currently of good financial standing and will notify the **Exchange** in the event that it faces material financial difficulties which call into question the continued viability of the **Applicant**

We will notify the **Exchange** immediately of any conflicts of interest that may arise and will immediately deal with the conflict based on our conflicts policy.

We understand that the **Exchange** may require us to provide further information in order to process our application.

We authorise the Royal Institute of Chartered Surveyors to provide to **IPsx** information about the **IPsx Approved Valuers**, and their individual valuers, which could impact on the **Exchange's** view of the **IPsx Approved Valuer's** compliance with its continuing obligations under **IPsx Rules**.

We confirm that the **Applicant** will be bound by the **IPsx Rules**, as updated from time to time.

We agree to the terms of the **IPsx Admission Agreement**.

We will notify the **Exchange**, as soon as is practicable, of any regulatory intervention, criticism, or disciplinary action in relation to the **Applicant** or individuals of the firm that will be carrying out or have responsibility of activity on **IPsx**, of which the Exchange might reasonably expect notice.

This declaration must be signed by two Executive Directors (SMF3 on the Financial Services Register) of the **Applicant**, or, in the case of a partnership, by two Partners (SMF27 on the Financial Services Register).

Full name:

Position:

Signature:

Date:

Full name:

Position:

Signature:

Date:



International Property Securities Exchange

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[ipsx.com](https://www.ipsx.com)

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