



# Application Form for IPsx Lead Advisers

February 2022

# IPsx Lead Advisers application form

## Introduction

This form should be completed by **Applicants** seeking to become an **IPsx Lead Adviser**.

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](mailto:regulation@ipsx.com)

## Send form to

Scanned copies of the form and supporting documents should be emailed to [regulation@ipsx.com](mailto: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 Lead Advisers 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:

LEI Code:

Registered office in country of incorporation:

Address:	
<input type="text"/>	
<input type="text"/>	
Town:	
<input type="text"/>	
Country:	Postcode:
<input type="text"/>	<input type="text"/>
Tel:	Email:
<input type="text"/>	<input type="text"/>

Business address:

Address:	
<input type="text"/>	
<input type="text"/>	
Town:	
<input type="text"/>	
Country:	Postcode:
<input type="text"/>	<input type="text"/>
Tel:	Email:
<input type="text"/>	<input type="text"/>

**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:

<input type="text"/>	Date: <input type="text"/>
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**A3.**

Is the **Applicant** 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:

**A4.**

Details of all regulated markets the **Applicant** is a member of and the capacities of those memberships:

**A5.**

Primary contact for the purposes of this application:

Name:	Title:
Email:	Tel:

**A6.**

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

**A7.**

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 <b>Applicant</b> :

**A8.**

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 <b>Applicant</b> :

**A9.**

Has the **Applicant** previously applied to be an **IPsx Lead Adviser**?

Yes:	No:
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If yes, please provide details of any previous applications, including the names of the directors/partners responsible for any previous application(s) and dates of submission:

Contact:	Company:	Date:

## B. Disciplinary History

Please include details of any regulatory intervention, criticism or disciplinary action in relation to the firm or individuals of the firm that will be carrying out or have responsibility of activity on **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:

## C. Conflicts of Interest

### C1.

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

Yes:

### C2.

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

### C3.

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:

**C4.**

Please state any other potential conflicts of interest which may arise if the **Applicant** becomes a **Trading Member**, and outline how the **Applicant** intends to manage these potential conflicts of interest:



### D. Experience

#### DI.

Please provide a list of professional advisers with whom the **Applicant** has previously worked. Please include details of the nature of the relationship with each professional adviser (such as: Lawyers, Auditors, Accountants, Financial PR, Bookrunners, Approved Valuers, Registrars):

Company:	Nature of Business:	Relationship:

**D2.**

Please provide a list of transactions from the **Applicant’s** previous experience that demonstrates suitable expertise to become an **IPSX Lead Adviser**. These transactions should have taken place within the three years preceding the date of this form.

Date	Name of issuer	Name(s) of Applicant employee(s) with material involvement	Role of employee in service provided	Completed? <b>Yes/No</b>

**D3.**

Please provide a list of named individuals who will be providing **IPSX Lead Adviser** services and their years of relevant experience:

Full name:	Position:	Years of relevant experience:

## E. Systems and Controls

### E1.

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

### E2.

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

### E3.

Confirm the structure of the team which will be completing the **IPsx Lead Adviser** services, specifically highlighting reporting lines (a team organogram is acceptable):

### E4.

How will the **Applicant** monitor compliance with **IPsx Rules** by employees engaged in the provision of **IPsx Lead Adviser** services?

## F. Remuneration

Please provide details of how the **Applicant** intends to charge **IPsx Issuers** for their services as an **IPsx Lead Adviser**.

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## G. Recipients of IPSX Market Notices

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


## H. Declaration by officers of the Applicant

We are authorised to make this application for approval as an **IPsx Lead Adviser** 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 procedures.

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

We confirm 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:



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

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