

Registration Form for Statement of Commitment to the FX Global Code



The following institution would like to register a Statement of Commitment to the FX Global Code and grants approval to the Australia Financial Markets Association (AFMA) to post the statement on the AFMA public register.

1. Information for Inclusion on Register:

Name of institution: _____

Legal Entity Identifier (LEI): _____

Please tick the box that best describes the nature of the institution's business:

- | | |
|--|--------------------------|
| Affirmation and/or settlement platform | <input type="checkbox"/> |
| Asset manager | <input type="checkbox"/> |
| Bank | <input type="checkbox"/> |
| Broker or investment adviser | <input type="checkbox"/> |
| Central bank | <input type="checkbox"/> |
| Corporate treasury department | <input type="checkbox"/> |
| E-trading platform | <input type="checkbox"/> |
| Government agency | <input type="checkbox"/> |
| Hedge fund | <input type="checkbox"/> |
| Infrastructure or technology provider | <input type="checkbox"/> |
| Insurance company | <input type="checkbox"/> |
| Non-bank liquidity provider | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Pension fund | <input type="checkbox"/> |
| Quasi-sovereign or supranational institution | <input type="checkbox"/> |
| Sovereign wealth fund | <input type="checkbox"/> |

Please return this registration form with the Statement of Commitment to Mark McCarthy via mmccarthy@afma.com.au

Identify the geographical/jurisdictional scope covered by the Statement of Commitment for the purpose of this Register. Please tick the appropriate box(es) below:

Global

If the coverage is not **Global**, then please identify the coverage by jurisdiction

Australia

New Zealand

Other (please specify) _____

2. Administrative Information:

Annual Registration Administration Fee:

AFMA members - No charge (covered by AFMA membership fee)

Non-AFMA members – AUD 500 (plus GST where applicable)

An invoice will be issued upon receipt of the Registration Form.

Contact Details:

Name: _____

Title: _____

Address: _____

Direct Telephone: _____

Email Address: _____

Signature by person duly authorised to submit this Registration Form on behalf of the institution

Signed: _____ Date: _____

Name: _____ Position: _____

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