

# 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"/> |
| 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"/> |

Please return this registration form with the Statement of Commitment to Damian Jeffree via  
[djeffree@afma.com.au](mailto:djeffree@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:

### 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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