



APPLICATION FORM  
FOR MEMBERSHIP  
ON THE  
COMMODITY MARKET SEGMENT  
AND  
CURRENCY MARKET SEGMENT  
WITH  
RELEVANT ANNEXURES



*(On the letter head of the applicant)  
To be signed by, at least two Directors*

Date :

To,  
The Membership Department  
Global Board of Trade Limited  
Ebène House, 1<sup>st</sup> Floor  
33 Cybercity, Ebène  
Mauritius

**Subject: Application for Membership for the Commodity Market Segment and / or Currency Market Segment of GBOT**

Dear Sir,

We are desirous to become a Trading Member/ Integrated Trading-cum-Clearing Member/ Professional Clearing Member of the Global Board of Trade Limited and /or its Clearing House. We hereby apply for the said membership, and undertake to conform to and abide by the Rules, Circulars, Notifications and office orders, issued by Global Board of Trade and its Clearing House from time to time. We shall be liable for all contracts and transactions entered by us or by our authorised representatives on the Exchange and we shall comply with all requirements of the Exchange and its Clearing House, relating to settlement thereof. We shall also abide by all decisions of the Exchange and its Clearing House with respect to the operation of the Exchange and its Clearing House and would perform accordingly in meeting our financial, regulatory and operational responsibilities as maybe decided by the Exchange and its Clearing House and the Financial Services Commission, Mauritius from time to time.

Thanking You.

Yours faithfully,

For M/s *(name of applicant company)*

*Signature of Authorised Signatory / Authorised Representative  
Name & Designation*



## **GLOBAL BOARD OF TRADE**

### **MEMBERSHIP APPLICATION FORM**

(Please enter all details in CAPITAL letters only.)

Please tick  where applicable & separate sheets can be attached. The application form should be initialled on all pages

#### **Particulars**

1 **Name of the Applicant :** \_\_\_\_\_

2 **TYPE OF MEMBERSHIP**

- Trading Member (TM)   
Integrated Trading Cum Clearing Member (ITCM)   
Professional Clearing Member (PCM)

3 **Market Segment Applied For**

- Commodity Market Segment   
Currency Market Segment

4 Please provide Certified True Copy of Board Resolutions seeking membership of GBOT, appointment of directors' as authorised signatory(ies) and authorised representative(s) as per format in Annexure 1.

5 **DETAILS OF APPLICANT**

5(a) **Type of Applicant**

- Private Company  Company Limited by Shares   
Public Company  Others Please specify

5(b) **Type of Company**

Domestic  GBL I  Any others please specify

5(c) Country and place of Incorporation

5(d) Registration or Incorporation Number

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- 5(e)** Date of Registration or incorporation (dd/mmm/yyyy)
- 5(f)** Please state all the former names (if any) used by the Applicant during the last 7 years. Please indicate the dates of the change of names and reasons for change thereof ?
- 5(g)** Please attach three copies of the constitution documents / Memorandum and Articles of Association of duly certified by a Company Secretary or the Legal Counsel.
- 5(h)** Tax Account Number. (TAN) of the Company / Trade Bodies (Please enclose letter from Tax authority.) as applicable.
- 5(i)** Value Added Tax (VAT) number of the Company / Trade Bodies (Please enclose letter from Tax authority.) as applicable.

If TAN or VAT number are not available the reasons thereof :

**6 Description of Applicants business**

- |                       |                          |                         |                          |
|-----------------------|--------------------------|-------------------------|--------------------------|
| Broking               | <input type="checkbox"/> | Banking                 | <input type="checkbox"/> |
| Commodities Trading   | <input type="checkbox"/> | Currency Exchange House | <input type="checkbox"/> |
| Others please Specify | <input type="checkbox"/> |                         |                          |

**7 Registered Office Address**

Address	
City	P.O. Box / Postal Code:
State	Country
Telephone No.	Fax No.
Email Id	website

**Contact Person's details in the Registered Office**

Name of Contact Person		
Designation		
Office Telephone No.	Mobile No.	Email Id

**8 Business Address in Mauritius**

Address	
City	P.O. Box / Postal Code:
State	Country
Telephone No.	Fax No.
Email Id	website

**Contact Person's details in the Business address in Mauritius**

Name of Contact Person  
Designation  
Office Telephone No.                      Mobile No.  
Email Id

**9 Mailing / Correspondence address if different from above addresses.**

Address  
City    P.O. Box / Postal Code:  
State    Country  
Telephone No.                                  Fax No.  
Email Id    website

**Contact Person's details in the above Office**

Name of Contact Person  
Designation  
Office Telephone No.                      Mobile No.  
Email Id

**10 Any other branches / offices where the Applicant currently conducts or intends to conduct business : Please provide details as given above (Attach separate sheets)**

**11 Name and contact details of Company Secretary**

Name of Company Secretary :  
Address  
City    P.O. Box / Postal Code:  
State    Country  
Telephone No.                                  Fax No.  
Mobile No.    Email Id

Details as per Annexure 2A

**12. Please specify those countries or territories in which the Applicant intends to carry out financial services business.**

- 1
- 2
- 3

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**13 MEMBERSHIP OF OTHER EXCHANGES** (in the name of the applicant, by a party related to the applicant and where applicable in the name of holding company)

Please provide details of memberships of commodities, currency or securities exchange held by the applicant, by a party related to the applicant and where applicable in the name of holding company

Sr. No.	Name of Exchange	Name of member	Member since (date) [dd/mmm/yyyy]	Registration No.	Ceased to be member from (date)
1.					
2.					
3.					

Please attach copies of the License or Certificates of Registration on the respective Exchange.

**14 MEMBERSHIP OF TRADE ASSOCIATION**

Please provide details of membership of trade associations held by the Applicant, by a party related to the Applicant and where applicable in the name of holding company

Sr. No.	Name of Trade Association	Name of member	Member since (date) [dd/mmm/yyyy]
1.			
2.			
3.			

**15 LISTING ON EXCHANGES**

Please provide details if the applicant, a party related to the applicant or holding company has any of its securities listed on any exchange.

Sr. No.	Name of the Stock Exchange(s) on which company is listed	Listed since (date) [dd/mmm/yyyy]
1.		
2.		
3.		

**16 BANK DETAILS** : Where the applicant maintains its main banking account

Name of Bank  
Full Address  
Nature of Account  
Account Number  
Operational since (date) (dd/mmm/yyyy)

Separate sheets can be attached to give the above details. In case of multiple bank accounts which are all substantially well operated.

Please provide written references from one or more banks relating to the Applicant or to parties related to the Applicant.

**17 AUDITORS DETAILS**

Please furnish the name, address, telephone numbers, email ids and website details of the Applicant's auditors since the last three years and in case of an Applicant company which is newly incorporated or yet to be incorporated, similar details in respect of its parent or holding company may be submitted.

**18 FINANCIAL DETAILS**

- Please attach the audited Balance Sheet and where ever available the Annual Reports for the past 3 years.
- Please attach the networth certificate of the applicant duly certified by an Auditor / Chartered Accountant (as per Annexure 3A or 3B whichever is applicable)

Note : Where the applicant is newly incorporated and therefore does not need to provide the three years financials, similar statements shall be provided in respect of the holdings company or its parent co where applicable.

**19 SHAREHOLDING DETAILS**

**19** Please provide the shareholding pattern of the applicant company  
**(a)** duly certified by the Company Secretary /Audit Firm as per format given in Annexure 4

**19** Please provide the details of the Controlling Shareholding Group of  
**(b)** the Applicant Company to be duly certified by a Company Secretary/ Audit Firm as per format given in Annexure 5.

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- 19 (c)** Please provide the names and addresses of all shareholders who own at least 5% of the issued shares in the corporation, together with the number of shares and percentage held by each of them,
- 20** Please provide the List of Directors as per Annexure 2B is enclosed.
- 21** Please provide a declaration in respect of each of the following as per Annexure 2A
- a) all the Directors of Applicant Company
  - b) Company Secretary
  - c) Compliance Officer
  - d) Shareholders comprising of the Controlling Group
  - e) any shareholder not falling under a, b or c above but holding 5 % or more shares.
  - f) where the applicant company is a subsidiary of another company
    - 1. such holding company or parent company
    - 2. all Directors of such holding company or parent company
    - 3. Company Secretary of such holding company or parent company.
  - g) When the applicant is formed by a Trust who is the sole or majority shareholder or the ultimate beneficial owner of the Applicant, details of each of the Trustees and the Manager of the Trust shall be furnished in the above format.
  - h) This shall also be submitted in the case of every new Director, Company Secretary and any existing or new shareholder acquiring 5 % or more shares in the Applicant Company.

**22 TRADING EXPERIENCE IN RELATED MARKETS**

Please attach a statement indicating the experience of the Applicant and/or parties related to the Applicant (like Holding Company, Directors, Partners, Key Officers and employees) in (precious metals, currencies and/or commodities market, including both physical and derivatives market), whether as a principal or on behalf of clients.

**23 If you answer "YES" to any item in Question 23, you must provide complete details in an attachment.**

- 23 (a)** Has the Applicant or a related party ever been denied membership or clearing privileges by any currency or commodity or securities exchange or clearing organization, or have any membership or clearing privileges ever been suspended or terminated? Yes  No

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- 23 (b)** Has the applicant or a related party at any time in the previous 7 years been censured, disciplined, suspended, or fined by any regulatory body in Mauritius in any other jurisdiction Yes  No
- 23 (c)** In the previous 7 years, has an application been filed for bankruptcy or compulsory winding up of the applicant or a related party or has the applicant's or a related party's property been seized, forfeited or relinquished by any other similar means. Yes  No
- 23 (d)** Has the applicant or a related party at any time in the previous 7 years appointed or failed to satisfy a debt adjudged due, or come to a compromise or similar arrangements with any of its creditors ? Yes  No
- 23 (e)** Has the applicant or a related party been engaged in any civil proceedings or arbitration at any time in the previous 7 years in which a debt was adjudged due from or judgement given against, the applicant or a related party in relation to any financial service ? Yes  No
- 23 (f)** Has the applicant or a related party at any time been convicted of any offence involving fraud or other dishonesty or any other offence such as an economic offence or money laundering or been subject to penalties for tax evasion (whether or not in Mauritius) relating to companies carrying out financial services business ? Yes  No
- 23 (g)** Has any Director, Officer or Partner of the applicant or a related party been convicted in any court of Law for a criminal offence or penalized or sanctioned, or is currently or has ever been under investigation for professional negligence or malpractice by any Regulatory Authority in any country? Yes  No
- 23 (h)** Has the Applicant or a related party ever been denied registration, or had a registration suspended, revoked, or conditioned by a governmental or Banking or Financial Markets Regulatory authority in any country? Yes  No
- 23 (i)** Has the Applicant or a related party in which the major shareholders of the Applicant have substantial holdings, ever been suspended, or has the applicant been debarred for professional negligence or malpractice by any Banking or Financial Markets Yes  No

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Regulatory authority in any country.

- 23** Has the Applicant or a related party ever been Yes  No   
**(j)** declared a defaulter or expelled by any securities or  
commodities or currency exchange

**ADMISSION FEE & PROCESSING FEE**

The non-refundable Admission fee(s) are enclosed and the details are given below

**Admission Fee details for Commodity Segment**

Draft DD No. \_\_\_\_\_ dated \_\_\_\_\_ Amount \_\_\_\_\_ USD\$ drawn on \_\_\_\_\_  
(bank name & address)

**Admission Fee details for Currency Segment**

Draft DD No. \_\_\_\_\_ dated \_\_\_\_\_ Amount \_\_\_\_\_ USD\$ drawn on \_\_\_\_\_  
(bank name & address)

Note : Requests for refund of Admission fees paid may be considered for refund at the Exchange's discretion whilst the application is in progress. Please note that fees paid become non-refundable once an application is approved by Global Board of Trade for membership, even if the Financial Services Commission license is not received.

**STATEMENT BY APPLICANT**

We hereby apply for membership as on the Commodity Market Segment / Currency Market Segment of Global Board of Trade Ltd.

Trading Member (TM)   
Integrated Trading Cum Clearing Member (ITCM)   
Professional Clearing Member (PCM)

We hereby declare that the above-mentioned particulars are correct and complete to the best of our knowledge

We agree to be bound by GBOT Rules in its current form and as when amended from time to time and to pay relevant fees, deposits, charges as required by GBOT from time to time.

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We acknowledge that any mis-statement or misrepresentation or withholding of facts in connection with this application for membership or breach of any undertaking or condition of admission to membership may result in rejection of our application or termination of our membership.

Date :

Place :

For (Name of Applicant)

Signature of Authorised Signatory

Name of Signatory

Disclaimer - The Exchange reserves the right to accept or reject any application or amend the terms & conditions without assigning any reason whatsoever. The number of Members to be admitted shall be at the sole discretion of the Exchange.

Please write to or call GBOT Membership department at the following address & telephone no for further clarifications.

The Membership Department  
Global Board of Trade  
Ebène House, 1<sup>st</sup> Floor  
33 Cybercity, Ebène  
Mauritius

Tel No. : +230 404 0000

Fax No. : +230 464 7000

Email id : [membership@gbot.mu](mailto:membership@gbot.mu)

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**ADMISSION RELATED DOCUMENTS - CHECKLIST**

The Application form is to be accompanied by the following documents

<b>Name of Applicant :</b> _____ _____			
<b>Sr. No.</b>	<b>Details</b>	<b>Yes / No</b>	<b>Remarks</b>
1.	Application Form duly signed on all pages	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Applied for TM / BM <input type="checkbox"/> ITCM /GCM <input type="checkbox"/> PCM /SCM <input type="checkbox"/>		
3.	Market Segment Applied For – mentioned in Application Form  Commodity Market Segment <input type="checkbox"/> Currency Market Segment <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Original Certified True Copy of the Board Resolutions seeking membership of GBOT and should include appointment of Director's/ representatives who are authorised signatories.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Paid Up Equity Capital in US \$ _____ meets the requirement of the Exchange	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	The networth certificate of the applicant duly certified by the Audit Firm as per format in (Annexure 3A or 3B as applicable)  Asset Valuation Method <input type="checkbox"/> Networth in US \$ _____  Networth Valuation Method <input type="checkbox"/> Networth in US \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	Is the paid up capital & networth meeting the eligibility criteria	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Type of Company <input type="checkbox"/> Domestic <input type="checkbox"/> GBL I <input type="checkbox"/> Any others please specify _____		
9.	Three copies of the Constitution documents / Memorandum and Articles of Association and other documents of incorporation attested by the Company Secretary or legal counsel.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Country and place of Incorporation : _____		
11.	Date of Incorporation : _____		
12.	Tax Account Number. (TAN) of the Company enclosed letter from Tax authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.	Value Added Tax (VAT) number of the Company enclosed letter from Tax authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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<b>Name of Applicant :</b> _____  _____			
<b>Sr. No.</b>	<b>Details</b>	<b>Yes / No</b>	<b>Remarks</b>
14.	List of Directors as per Annexure 2B	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.	Declaration from all Directors of the Applicant Company duly signed on all pages as per Annexure 2A.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16.	Declaration from Company Secretary of the applicant company duly signed on all pages as per Annexure 2A	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17.	Declaration from Compliance Officer of the applicant company duly signed on all pages as per Annexure 2A.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18.	Declaration in respect of person(s) (not more than 2) authorised to represent the applicant in relation to dealings with GBOT as per Annexure 2A, if not submitted above.  Name of signatories  1 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19.	Declaration from Authorised Signatories as per Board Resolution and duly signed on all pages as per Annexure 2A.  Name of Authorised Signatories  1 2 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20.	Declaration from Shareholders comprising of the Controlling Group duly signed on all pages as per Annexure 2A	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21.	Declaration from all shareholder(s) not falling under 14, 15, 16 and 17 above but holding 5 % or more shares duly signed on all pages as per Annexure 2A.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22.	Declaration as per Annexure 2A from the parent company, if it is a wholly owned subsidiary of another company duly signed on all pages by the Company Secretary / Authorised Signatory of that parent company.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23.	Declaration from all Directors of such holding company or parent company duly signed on all pages of that parent company as per Annexure 2A.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Membership for Commodity Market Segment and Currency Market Segment on  
Global Board of Trade Limited**

<b>Name of Applicant :</b> _____  _____			
<b>Sr. No.</b>	<b>Details</b>	<b>Yes / No</b>	<b>Remarks</b>
24.	Declaration from where the applicant is formed by a Trust who is the sole or majority shareholder or the ultimate beneficial owner of the Applicant, details of each of the Trustees and the Manager of the Trust shall be furnished	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25.	Copies of the Certificates of Registration on the respective Currency / Commodity / Stock Exchanges (if any)  Name of Currency/ Commodity /Stock Exchange  1 2 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
26.	Approvals if required, from the local regulator.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
27.	Current bank details where the applicant maintains its main banking account.  Name of Bank(s)  1 2 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
28.	Please provide written references from one or more banks relating to the Applicant or to parties related to the Applicant.  Name of Bank Signed by  1 2 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
29.	Please attach the name, address, telephone numbers, email ids and website of the Applicant's current Audit Firm.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
30.	Auditor's for the previous three years (if they have changed) names, addresses telephone numbers, email ids and website of previous auditors during this period.  1	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Name of Applicant : _____ _____			
Sr. No.	Details	Yes / No	Remarks
	2 3		
31.	Two copies of Audited Balance Sheet and Annual Report for the past 3 years, <i>(in the case of applicants newly incorporated this is not applicable)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
32.	The shareholding pattern of the applicant company duly certified by the Company Secretary as per format in (Annexure 4) mentioning the Controlling Shareholding Group.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
33.	The details of the Controlling shareholder group to be duly certified by a Company Secretary as per format in (Annexure 5)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
34.	In case the CSG contains other Corporates then the shareholding pattern of those Corporates are to be certified by the Company Secretary / Auditor of those companies and submitted.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
35.	The names and addresses of all shareholders who own at least 5% of the issued shares in the corporation, together with the number of shares and percentage held by each as per Annexure 2A.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
36.	Statement indicating the experience of the Applicant and/or parties related to the Applicant (including Directors, Officers and employees) in (precious metals, currencies and/or commodities market, including both physical and derivatives market), whether as a principal or on behalf of clients.  Full Name 1) Director(s) 1) Officer(s) 2) Employees	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Membership for Commodity Market Segment and Currency Market Segment on  
Global Board of Trade Limited**

<b>Name of Applicant :</b> _____ _____			
<b>Sr. No.</b>	<b>Details</b>	<b>Yes / No</b>	<b>Remarks</b>
37.	Statement describing the contribution that the Applicant proposes to make to GBOT and its markets, in precious metals, currencies and/or other commodities.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
38.	Admission Fees of must accompany the application.  Draft No. _____ dated _____ Amount _____ USD\$ drawn on _____ (bank name & address)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
39.	Other documents enclosed :		
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Checked by Name :

Signature :

Date :