



CAYMAN ISLANDS
STOCK EXCHANGE

Broker Membership Rules Appendices

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CAYMAN ISLANDS STOCK EXCHANGE

APPENDIX A

APPLICATION FOR MEMBERSHIP – FORM A-1

Part 1 - Applicant Details	Information
1. Company name and registered address.	Name: Address: Tel: Fax: E-mail:
2. Contact person responsible for submitting the application.	Name: Job Title: Direct Tel: Direct Fax: E-mail:
3. Has the applicant ever carried on business under another name? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
4. Is the applicant a member of any other stock exchange? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
5. Is the applicant authorized to conduct investment business by a recognized regulatory body? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 1 - Applicant Details	Information
6. Has the applicant ever been refused membership of any stock exchange or regulatory body responsible for the authorization or regulation of investment business? If yes, please supply details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
7. Has the applicant's membership of stock exchange, or authorization or license supplied by a regulatory body responsible for the authorization or regulation of investment business, been terminated by or pursuant to action of that exchange or regulatory body? If yes, please supply details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
8. Details of the applicant's incorporation and attach a copy of the applicant's certificate of incorporation and memorandum of articles of association.	Nature: Jurisdiction: Date:
9. The applicant's date of financial year end, its current Liquid Capital and its current Net Worth	Date of financial year end: Current Liquid Capital: Current Net Worth:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 1 - Applicant Details	Information
10. Is the applicant a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide the following details: Currency of share capital: Amount of authorized share capital: Amount of issued and paid up share capital: Par value (if any) of shares:
11. Is the applicant a firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide details of the partnership capital:
12. Name and registered address of the applicant's auditor.	Name: Address: Tel: Fax: E-mail:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 1 - Applicant Details	Information
13. Name and registered address of the applicant's bankers.	Name: Address: Tel: Fax: E-mail:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 2 – Applicant Structure	Information
14. Provide a diagram illustrating ownership capital.	Attached on a separate piece of paper.
15. Provide copies of audited financial statements for the applicant and its owners for the past three years, or, if the applicant or its owners have not been in business for that long, for such a shorter period as it has been in existence.	Copies attached.
16. Provide details of the applicant's beneficial owner(s) where the beneficial owner(s) is an individual. Continue on separate sheet of paper if necessary.	<input type="checkbox"/> The applicant <u>does not</u> have an individual beneficial owner(s). <input type="checkbox"/> The applicant <u>does</u> have an individual beneficial owner(s) and the details are as follows. Name: Occupation: Nationality: Address: Tel: Fax: E-mail: Number and type of shares: Percentage of voting rights:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 2 – Applicant Structure	Information
<p>17. Provide details of the applicant's beneficial owner(s) where the beneficial owner(s) is a company. Continue on separate sheet of paper if necessary.</p>	<p><input type="checkbox"/> The applicant <u>does not</u> have a beneficial owner(s) which is a company.</p> <p><input type="checkbox"/> The applicant <u>does</u> have a beneficial owner(s) which is a company and the details are as follows.</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Date of incorporation:</p> <p>Place of incorporation:</p> <p>Number and type of shares:</p> <p>Percentage of voting rights:</p> <p>Principal business:</p> <p><input type="checkbox"/> Quoted</p> <p><input type="checkbox"/> Unquoted</p>



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 2 – Applicant Structure	Information
<p>18. Provide details of the applicants beneficial owner(s) where the beneficial owner(s) is a partnership. Continue on separate sheet of paper if necessary.</p>	<p><input type="checkbox"/> The applicant <u>does not</u> have a beneficial owner(s) which is a partnership.</p> <p><input type="checkbox"/> The applicant <u>does</u> have a beneficial owner(s) which is a partnership and the details are as follows.</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Date of creation of partnership</p> <p>Place of creation of partnership:</p> <p>Number and % of shares held:</p> <p>Provide names, addresses, nationalities, occupation and % interest in the partnership for each Partner on a separate piece of paper.</p>



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 2 – Applicant Structure	Information
19. Provide details of the applicant's beneficial owner(s) where the beneficial owner(s) is a trust or settlement. Continue on separate sheet of paper if necessary.	<p><input type="checkbox"/> The applicant <u>does not</u> have a beneficial owner(s) which is a trust or settlement.</p> <p><input type="checkbox"/> The applicant <u>does</u> have a beneficial owner(s) which is a trust or settlement and the details are as follows.</p> <p>Name:</p> <p>Date established:</p> <p>Name of settlor / grantor:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Number and % of shares held:</p> <p>Provide names and addresses for each trustee and beneficiary on a separate piece of paper.</p>
20. Except in the case of a beneficial owner which is a public company, have any of the beneficial owners of the applicant ever been associated with a company where that company has been the subject of insolvency proceedings, placed in receivership, warned as to future conduct or is the subject of a court order or has been, is or expects to be involved in litigation?	<p><input type="checkbox"/> The subject of insolvency proceedings</p> <p><input type="checkbox"/> Placed in receivership</p> <p><input type="checkbox"/> Warned as to future conduct</p> <p><input type="checkbox"/> Publicly criticized</p> <p><input type="checkbox"/> Is the subject of a court order or has been, is or expects to be involved in litigation.</p> <p>Tick the appropriate boxes and provide further details on a separate piece of paper.</p>



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 2 – Applicant Structure	Information
21. Has any formal investigation ever been carried out into the affairs of the directors of the applicant or of any of the beneficial owners of the applicant or into the affairs of any company with which they or any of them have been associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide further details on a separate piece of paper.



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Part 3 – Operations	Information
22. Describe the arrangements made for custody and settlement of client's securities and handling of client money, detailing names and addresses of custodian and any other third party providers to be used by the applicant for custodian and settlement activities.	
23. Provide the names and addresses of those entities to be used as providers of investment advisory services to the applicant as a broker member.	Name: Address: Tel: Fax: E-mail: Name: Address: Tel: Fax: E-mail:



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Part 3 – Operations	Information
24. Does the applicant intend to engage the services of an agent or agents in relation to the performance of its functions as a broker member?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, provide the following details:</p> <p>Name:</p> <p>Service to be provided:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Name:</p> <p>Service to be provided:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Name:</p> <p>Service to be provided:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p>



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 4 – Business Activities	Information
25. Indicate the products in which the applicant will deal or engage on or off Exchange (tick all boxes that apply).	<input type="checkbox"/> Equities <input type="checkbox"/> Corporate Debt <input type="checkbox"/> Municipal Debt <input type="checkbox"/> Government Debt <input type="checkbox"/> Depository Receipts <input type="checkbox"/> Warrants <input type="checkbox"/> Financial Futures <input type="checkbox"/> Financial Options <input type="checkbox"/> Commodities <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Money Markets & Related Funds <input type="checkbox"/> Interest Rate / Foreign Currency Swaps <input type="checkbox"/> Arbitrage <input type="checkbox"/> Stock Loan / Borrowing <input type="checkbox"/> Repo's & Reverse Repo's
26. Indicate the dealing capacity in which the applicant will deal or engage on or off Exchange (tick all boxes that apply).	<input type="checkbox"/> Agent <input type="checkbox"/> Principal



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 4 – Business Activities	Information
27. Indicate the type and number of clients which the applicant will serve (tick all boxes that apply).	<input type="checkbox"/> Private Client Number of: <input type="checkbox"/> Professional Client Number of:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 5 – Business Plan	Information
28. Provide a comprehensive statement covering the applicant's first five years of operations and setting out the items described.	<ul style="list-style-type: none">• Nature and scale of the business to be undertaken;• Trading capacity or capacities in which the applicant proposes to act;• Arrangement proposed for the operation of such business;• Aims and objectives of the business;• Sources and nature of expected business;• Systems and procedures proposed for the proper financial accounting, management and administration of the affairs of the applicant and those of its clients;• Internal controls, including security arrangements;• Separation or segregation of assets of clients from those of the applicant;• Capital structure and financing arrangements;• Insurance arrangements;• Intentions to delegate any responsibilities to third parties;• Requirements for premises and personnel.



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 6 – Check List	
29. Ensure that the following are enclosed with the application.	<ul style="list-style-type: none"><input type="checkbox"/> Application fee to become a Broker Member CI\$410 (US\$500)*<input type="checkbox"/> <i>Application fee for each Registered Representative CI\$410 (US\$500)</i><input type="checkbox"/> Copy of two letters of reference<input type="checkbox"/> Copy of Certificate of Incorporation and Memorandum and Articles of Association<input type="checkbox"/> Copy of audited financial statements for the past three financial years.<input type="checkbox"/> Copy of your business plan<input type="checkbox"/> Copy of your organization chart<input type="checkbox"/> Copy of your<input type="checkbox"/> Form B-2 and CV's for all directors or general partners of the applicant<input type="checkbox"/> Form B-1 and CV's for each Registered Representative of the applicant <p>* Initial annual fee of CI\$8,200 (US\$10,000) is payable upon admission as a Broker Member.</p>



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 7 – Sign Off	IMPORTANT An applicant for membership authorizes the Exchange to obtain information from and pass information to, any authority, agency or body having responsibility for the supervision of financial services or for law enforcement, whether in the Cayman Islands or elsewhere.
Name of Applicant	
Signed By	I certify that the contents of this application are true and correct. _____ Person Completing the application form: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:



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APPLICATION FOR MEMBERSHIP – FORM A-1

Part 7 – Sign Off	IMPORTANT An applicant for membership authorizes the Exchange to obtain information from and pass information to, any authority, agency or body having responsibility for the supervision of financial services or for law enforcement, whether in the Cayman Islands or elsewhere.
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:



CAYMAN ISLANDS
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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 1 - Applicant Details	Information
30. Company name and registered address.	Name: Address: Tel: Fax: E-mail:
31. Contact person responsible for submitting the application.	Name: Job Title: Direct Tel: Direct Fax: E-mail:
32. Has the applicant ever carried on business under another name? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
33. Is the applicant a member of any other stock exchange? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
34. Is the applicant authorized to conduct investment business by a recognized regulatory body? If yes provide details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.



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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 1 - Applicant Details	Information
35. Has the applicant ever been refused membership of any stock exchange or regulatory body responsible for the authorization or regulation of investment business? If yes, please supply details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
36. Has the applicant's membership of stock exchange, or authorization or license supplied by a regulatory body responsible for the authorization or regulation of investment business, been terminated by or pursuant to action of that exchange or regulatory body? If yes, please supply details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No.
37. Provide details of at least one nominated person who is able to resolve queries and compliance issues relating to the Exchange.	Name: Job Title: Direct Tel: Direct Fax: E-mail:



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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 2 – Business Activities	Information
38. Indicate the products in which the applicant will deal on Exchange (tick all boxes that apply).	<input type="checkbox"/> Equities <input type="checkbox"/> Corporate Debt <input type="checkbox"/> Municipal Debt <input type="checkbox"/> Government Debt <input type="checkbox"/> Depository Receipts <input type="checkbox"/> Warrants <input type="checkbox"/> Financial Futures <input type="checkbox"/> Financial Options <input type="checkbox"/> Commodities <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Money Markets & Related Funds <input type="checkbox"/> Interest Rate / Foreign Currency Swaps <input type="checkbox"/> Arbitrage <input type="checkbox"/> Stock Loan / Borrowing <input type="checkbox"/> Repo's & Reverse Repo's
39. Indicate the dealing capacity in which the applicant will deal or engage on Exchange (tick all boxes that apply).	<input type="checkbox"/> Agent <input type="checkbox"/> Principal



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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 2 – Business Activities	Information
40. Indicate the type and number of clients which the applicant will serve on Exchange (tick all boxes that apply).	<input type="checkbox"/> Private Client Number of: <input type="checkbox"/> Professional Client Number of:



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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 3 – Check List	
41. Ensure that the following are enclosed with the application.	<ul style="list-style-type: none"><input type="checkbox"/> Application fee to become a Broker Member CI\$410 (US\$500)*<input type="checkbox"/> <i>CV's and contact details for the Head of Trading, Settlement and Compliance Departments.</i><input type="checkbox"/> A letter of confirmation from the applicant's home regulator that the applicant is authorised to conduct investment business in its home country.<input type="checkbox"/> A letter confirming that the applicant:<ul style="list-style-type: none">• Has, or will arrange for, a technical connection to Bloomberg;• Will organise the training of employees in respect of the Bloomberg system and the Exchange's rules; and• Can settle business conducted on the Exchange. <p>* Initial annual fee of CI\$8,200 (US\$10,000) is payable upon admission as a Broker Member.</p>



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APPENDIX B

APPLICATION FOR REMOTE MEMBERSHIP – FORM A-2

Part 4 – Sign Off	IMPORTANT An applicant for membership authorizes the Exchange to obtain information from and pass information to, any authority, agency or body having responsibility for the supervision of financial services or for law enforcement, whether in the Cayman Islands or elsewhere.
Name of Applicant	
Signed By	I certify that the contents of this application are true and correct. _____ Person Completing the application form: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:



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APPENDIX C

APPLICATION TO BECOME A REGISTERED PERSON – FORM B-1

Part 1 - Applicant Details	Information
42. Broker Member:	Name:
43. Applicant details.	Name: Address: Tel: Fax: E-mail:
44. Any previous name's of the applicant.	Name: Name: Name:
45. Any previous addresses in last 5 years.	Address: Address:



CAYMAN ISLANDS STOCK EXCHANGE

APPENDIX C

APPLICATION TO BECOME A REGISTERED PERSON – FORM B-1

Part 1 - Applicant Details	Information
46. Birth Details	Date of Birth: Place of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
47. Country of citizenship	<input type="checkbox"/> Cayman Islands <input type="checkbox"/> Other _____
48. Job Title and description of applicant's principal duties.	Job Title: Principal duties
49. Describe the formal education or training the applicant has in securities related activities and, on a separate piece of paper, provide the applicant's curriculum vitae.	Formal Training:
50. Have you ever been licensed as a Registered Representative or similar capacity in any other jurisdiction? If so, give full particulars and attach a copy of any registration form or certificate from such jurisdiction	<input type="checkbox"/> Yes If so, details <input type="checkbox"/> No



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APPENDIX C

APPLICATION TO BECOME A REGISTERED PERSON – FORM B-1

Part 1 - Applicant Details	Information
51. Do you have any other professional qualifications (i.e. attorney, accountant, etc.) If so, give full particulars	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
52. Are you or have you ever been a director, officer, stockholder, general partner or employee of any other Broker Member or an Associate of any other Broker Member? If yes please state details	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
53. Have you ever been disciplined by any stock exchange, securities regulatory body or professional association or been denied admission to or renewal of membership therein? If so, give full details.	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
54. Have you or any company or partnership in which you served as a senior employee ever been declared bankrupt, been convicted of a crime or been sued under any commercial law, securities law, companies law or law concerning fraud? If so, give full details.	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No



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APPENDIX C

APPLICATION TO BECOME A REGISTERED PERSON – FORM B-1

Part 2 – Sign Off	IMPORTANT An applicant for membership authorizes the Exchange to obtain information from and pass information to, any authority, agency or body having responsibility for the supervision of financial services or for law enforcement, whether in the Cayman Islands or elsewhere.
Ensure that the following are enclosed with the application.	<input type="checkbox"/> Application fee to become a Registered Person CI\$410 (US\$500) <input type="checkbox"/> Applicant's CV.
Signed By	I certify that the contents of this application are true and correct. _____ Applicant: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:



CAYMAN ISLANDS
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APPENDIX D

**APPLICATION TO REGISTER AS A DIRECTOR OR GENERAL PARTNER OF
A BROKER MEMBER – FORM B-2**

Part 1 - Applicant Details	Information
55. Broker Member:	Name:
56. Applicant details.	Name: Address: Tel: Fax: E-mail:
57. Any previous name's of the applicant.	Name: Name: Name:
58. Any previous addresses in last 5 years.	Address: Address:



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APPENDIX D

**APPLICATION TO REGISTER AS A DIRECTOR OR GENERAL PARTNER OF
A BROKER MEMBER – FORM B-2**

Part 1 - Applicant Details	Information
59. Birth Details	Date of Birth: Place of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
60. Country of citizenship	<input type="checkbox"/> Cayman Islands <input type="checkbox"/> Other _____
61. Job Title and description of applicant's principal duties.	Job Title: Principal duties
62. Describe the formal education or training the applicant has in securities related activities and, on a separate piece of paper, provide the applicant's curriculum vitae.	Formal Training:
63. Have you ever been licensed as a Registered Representative or similar capacity in any other jurisdiction? If so, give full particulars and attach a copy of any registration form or certificate from such jurisdiction	<input type="checkbox"/> Yes If so, details <input type="checkbox"/> No



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APPENDIX D

APPLICATION TO REGISTER AS A DIRECTOR OR GENERAL PARTNER OF A BROKER MEMBER – FORM B-2

Part 1 - Applicant Details	Information
64. Do you have any other professional qualifications (i.e. attorney, accountant, etc.) If so, give full particulars	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
65. Are you or have you ever been a director, officer, stockholder, general partner or employee of any other Broker Member or an Associate of any other Broker Member? If yes please state details	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
66. Have you ever been disciplined by any stock exchange, securities regulatory body or professional association or been denied admission to or renewal of membership therein? If so, give full details.	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No
67. Have you or any company or partnership in which you served as a senior employee ever been declared bankrupt, been convicted of a crime or been sued under any commercial law, securities law, companies law or law concerning fraud? If so, give full details.	<input type="checkbox"/> Yes If so, the details are: <input type="checkbox"/> No



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**APPLICATION TO REGISTER AS A DIRECTOR OR GENERAL PARTNER OF
A BROKER MEMBER – FORM B-2**

Part 2 – Sign Off	IMPORTANT An applicant for membership authorizes the Exchange to obtain information from and pass information to, any authority, agency or body having responsibility for the supervision of financial services or for law enforcement, whether in the Cayman Islands or elsewhere.
Ensure that the following are enclosed with the application.	<input type="checkbox"/> Application fee to become a Registered Person CI\$410 (US\$500) <input type="checkbox"/> Applicant’s CV.
Signed By	I certify that the contents of this application are true and correct. _____ Applicant: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:
Signed By	_____ Director or General Partner: Name: Date:



CAYMAN ISLANDS **STOCK EXCHANGE**

APPENDIX E

CSX FIXED PENALTIES FOR NOTIFICATION RULE BREACHES

Rule #	Broker Member Rule Notification Breach (Failing to...)	Fine CI\$	2nd offence	Subsequent
14.1	Notify the Exchange in writing within 28 days of a change of name or address of the member.	100	250	500
14.2	Notify the Exchange in writing within 28 days of proposing to carry on a type of activity not previously agreed with the Exchange.	500	1000	2500
14.3	Notify the Exchange in writing within 28 days of any proposed change in its clearing and settlement arrangements.	100	250	500
14.4	Notify the Exchange in writing that a person is to become, or cease to be a controller of the broker member as soon as possible.	200	500	750
14.5	Notify the Exchange in writing that it is to become or cease to be a subsidiary of another company as soon as possible.	200	500	750
14.6	Notify the Exchange in writing of any person becoming a partner, director, compliance officer or registered person of the broker member at the earliest opportunity prior to employment.	500	1000	2500
14.6	Notify the Exchange in writing of any person ceasing to be a partner, director, compliance officer or registered person of the broker member at the earliest opportunity.	200	500	750
14.8	Notify the Exchange immediately of the occurrence of changes to general information.	200	500	750
14.9	Notify the Exchange immediately of the occurrence of any financial action.	200	500	750



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CSX FIXED PENALTIES FOR NOTIFICATION RULE BREACHES

14.10	Notify the Exchange immediately of any contravention of the rules of the Exchange or any other matter that is material.	500	1000	2500
14.11	Notify the Exchange immediately that it has failed to continue to meet the capital adequacy requirements set out in Chapter 11 .	500	1000	2500
14.13	Report its net worth, liquid capital and total liabilities to the Exchange in a format approved by the Exchange within 30 days of the end of each month.	1000	2500	5000
14.14	Notify the Exchange of a decrease of 25% or more from the previous monthly reported liquid capital.	1000	2500	5000
14.15	Report to the Exchange on a quarterly basis, any exposure to a client, which equals or exceeds 10% of its liquid capital.	1000	2500	5000
14.16	Audit and submit its financial statements to the Exchange within three months of the end of the members' financial year.	500	1000	2500
14.17	Conduct an annual review of its business and report the main conclusions to the Exchange.	500	1000	2500