

FMX Futures Exchange, L.P.
Entity Participant Application
FMX Division

The undersigned entity ("Applicant") hereby applies for Trading Privileges on the FMX Division of FMX Futures Exchange, L.P. (the "Exchange") as an "FMX Participant." Applicant represents and warrants that the information and responses set forth below are accurate and complete in all material respects, and will supplement, correct, and update the information in this Application as long as the Application is pending, until the Exchange approves this Application and grants Trading Privileges to the Applicant, or until otherwise provided by this Application. Applicant agrees to respond to any other questions or requests for information from the Exchange. Capitalized terms used in this Application including the Exhibits and Annexes hereto, but not defined in this Application shall have the meanings set forth for such terms in the Rules of the Exchange.

Applicant authorizes the Exchange and its agents to verify all information provided as part of this Application, and to obtain information about Applicant from other creditors, credit bureaus, third parties, and federal or state records such as State Employment Security Agency records (this authorization applies only to this Application and continues in effect for the lesser of one (1) year or the maximum period allowed under applicable state law) and to make available on request, to any Federal or State agency, or regulatory or self-regulatory body, any information it may have concerning Applicant and hereby releases Exchange from any and all liability of whatsoever nature by reason of furnishing such information.

1. GENERAL INFORMATION

- (a) Name of Applicant: _____
Mailing Address: _____
Billing Address: _____
- (b) Tax ID Number: _____
- (c) Applicant's LEI, if any _____
- (d) Form of organization: _____
- (e) Jurisdiction in which organized _____
- (f) Is the Applicant Registered with the Commodity Futures Trading Commission
Yes ☐ (if Yes Check all the box(es) that apply
FCM ☐ Introducing Broker ☐ Commodity Pool Operator ☐
Commodity Trading Advisor ☐ NFA ID Number _____

No ☐

- (g) Please identify the person designated by the Applicant to be responsible with respect to any matter relating to the Application.
- i. Name _____
 - ii. Title _____
 - iii. Address _____
 - iv. Telephone Number _____
 - v. Email Address _____
- (h) Please identify the person designated by the Applicant to be the Administrator (**see attached Annex A**) - the person who shall be responsible with respect to the use of the Exchange Trading System by the Applicant once admitted as an FMX Participant. *(Applicant must advise the Exchange of any and all future changes to the information provided below.)*
- (i) Please identify your Responsible Trading Agent - the natural person who is authorized by a Participant or by a Direct Access Customer to place Orders on the Exchange Trading System (**see attached Annex B**).

2. APPLICANT'S INTENDED USE OF TRADING PRIVILEGES

(Check all of the box(es) that apply to Applicant)

☐ Applicant intends to enter orders solely for its own proprietary account.

☐ Applicant intends to enter orders on behalf of Customers.

National Futures Association ("NFA") ID Number: _____

☐ Not NFA Registered

☐ Applicant intends to clear transactions.

Clearing Member ID assigned by LCH Limited: _____

3. FITNESS ASSESSMENT

Are any of the circumstances set forth in **attached Annex C** true with respect to the Applicant?

☐ Yes ☐ No *(If "Yes," please attach a statement giving complete details as to the circumstances.)*

4. FINANCIAL DEMONSTRATION

Please attach the applicable documentation:

- (a) FCM Applicants: The Applicant's most recent audited financial statement

and an unaudited 1-FR or FOCUS Report as of its most recent month-end

- (b) IB Applicants: The Applicant's most recent audited financial statement and an unaudited 1-FR-IB or FOCUS Report as of its most recent month-end
- (c) Non-CFTC registrant Applicants: The Applicant's most recent audited annual and quarterly financial statements or (if not applicable) most recent federal or national tax filing.

5. INTENDED CLEARING ARANAGEMENTS

- ☐ Applicant is a Clearing Member and intends to clear transactions for itself.
- ☐ Applicant intends to clear through a Clearing Member that is not itself. *(Before Applicant/FMX Participant commences trading, please provide Applicant's signed "Clearing Member Authorization" (see attached Annex D). If the Applicant/FMX Participant's clearing member will change at any time in the future, Applicant shall provide as much prior written notice of any such changes to the Exchange including submitting a new signed Clearing Member Authorization)*

6. CONNECTIVITY & EXCHANGE DATA USAGE

See attached Annex E

Email signed form to: [\[futuresonboarding@FMX.com\]](mailto:futuresonboarding@FMX.com)

By signing below and executing this Application ("Application"), the undersigned entity ("Applicant") hereby applies for Trading Privileges on the Exchange and agrees (for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged) to the terms respecting such grant of Trading Privileges. Further, Applicant certifies that the information provided in this Application and any supplements thereto is correct and that Applicant agrees to the terms and conditions in this Application and all corresponding supplements, addenda, annexes and exhibits thereto. Moreover, the undersigned represents that Applicant possesses the requisite authority to bind Applicant to the terms set forth herein; and Applicant certifies that if any statements in this Application are proven untrue, Applicant may have the Trading Privileges revoked.

By: _____
Name of Applicant Entity

Name and Title of Authorized Signatory

Signature of Authorized Signatory

Date

ANNEX A
FMX FUTURES PARTICIPANT ADMINISTRATOR REGISTRATION FORM*

FMX Participant Firm Name		FMX Participant Firm ID	
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Administrator

First Name		Last Name	
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Work Address		Work Phone	
City, State & Zip Code		Mobile Phone	
Title		E-mail	

Alternate Administrator

First Name		Work Phone	
Last Name		Mobile Phone	
Title		E-mail	

*The FMX Participant is required to notify the FMX Division of the FMX Exchange, L.P. immediately upon any changes (additions, deletions, or modifications) to the FMX Participant's Administrator or Alternate Administrator.

ANNEX B
RESPONSIBLE TRADING AGENT REGISTRATION FORM**

FMX Participant Firm Name		FMX Participant Firm ID	
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Responsible Trading Agent(s)

First Name		Work Phone	
Last Name		E-mail	

Home Address		City	
State/Zip		Mobile Phone	

Connectivity

	FMX GUI	ISV Platform	Proprietary Platform
How will the firm access the market (check)			
Name of ISV, if applicable			

**The FMX Participant is required to complete this form for each of its Responsible Trading Agents and notify the FMX Division of the FMX Exchange, L.P. immediately upon the registered Responsible Trading Agent's resignation, termination or change in responsibility.

ANNEX C

GROUNDS FOR DISQUALIFICATION

In connection with any Application submitted by any Applicant to the Exchange, the Applicant shall answer “yes” to question 3(b) in the Section entitled Fitness Assessment, if any of the following is true with respect to Applicant, which includes the Applicant or any “Person Controlling” the Applicant, that is, any person that has Control over the management or policies of the Applicant:¹

- Applicant’s registration with the CFTC in any capacity has been denied, withdrawn, revoked, or suspended (and the period of such suspension has not expired);
- Applicant has been refused registration by the CFTC within five years preceding the filing of the Application;
- Applicant has been found by the CFTC or by any court of competent jurisdiction to have violated, or Applicant has consented to findings of a violation of, any provision of the Commodity Exchange Act, or regulation or order of the CFTC, or to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any other Person of any such provision;
- Applicant has been found by any court of competent jurisdiction or by any Federal or State agency or any other governmental, regulatory or self-regulatory body, or by agreement of settlement to which any Federal or State agency or any other governmental, regulatory or self-regulatory body is a party, (i) to have violated any provision of the Securities laws (including the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, the Trust Indenture Act of 1939, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Securities Investors Protection Act of 1970, the Foreign Corrupt Practices Act of 1977, or any similar statute of a State or foreign jurisdiction), or any regulation or order thereunder, or (ii) to have willfully aided, abetted, counseled, commanded, induced, or procured such violation by any other Person;
- Applicant has been convicted within ten years preceding submitting this Application of any felony that involves any transactions or advice (i) concerning any futures contract, commodity option or swap or any activity subject to CFTC regulation, (ii) concerning a security under any Federal or State securities law or regulation or similar statute of a foreign jurisdiction or (iii) that involves embezzlement, theft, extortion, fraud, fraudulent conversion, misappropriation of funds, securities or property, forgery, counterfeiting, false pretenses, bribery, or gambling.
- Applicant is subject to an outstanding order of the CFTC denying privileges on any registered entity, denying, suspending, or revoking Applicant’s membership in any registered entity or registered futures association, or barring or suspending Applicant from being associated with a CFTC registrant, member of a registered entity or with a member of a registered futures association; or

¹ The term “Control” means the power to exercise a controlling influence over the management or policies of an Applicant. Any Person who owns beneficially, directly or indirectly, more than 20% of the voting power in the election of directors of a corporation, or more than 25% of the voting power in the election of directors of any other corporation which directly or through one or more Affiliates owns beneficially more than 25% of the voting power in the election of directors of such corporation, will be presumed to exercise “Control” of such corporation.

- You willfully made any materially false or misleading statement or willfully omitted to state any material fact in Applicant's Application or any update thereto, in any report required to be filed with the CFTC, or in any proceeding before the CFTC or in any registration disqualification proceeding.

ANNEX D
FMX CLEARING MEMBER AUTHORIZATION

To: FMX Futures Exchange, L.P. (“THE EXCHANGE”)

From: _____

Re: Clearing Authorization for: _____

Pursuant to Rule III-13, _____ is hereby designated as
the Clearing Member for: _____.

Clearing Member has accepted _____ as its
Customer.

Clearing Member

Applicant or FMX Participant

Name & Title of Authorized Signatory

Applicant or FMX Participant

Signature

Signature

Date

Date

ANNEX E
CONNECTIVITY & EXCHANGE DATA USAGE

1. ACCESS TYPE. Please confirm how the Applicant will connect to the Exchange (check all boxes that apply to the Applicant):

- ☐ Direct (please complete Q6.2)
- ☐ Vendor (please complete Q6.3)
- ☐ Other Access (i.e. sponsored access) (please complete Q6.4)

- 6.2 DIRECT ACCESS. Where Applicant connects directly to the Exchange (including by Exchange GUI or API) please confirm the following:

(a) Application Type (please specify): ☐ Display ☐ Non-Display (if yes, please also answer Q6.2(l))

(b) Total number of Applications/Application Name (please specify): _____

(c) Does the Application permit the creation of Derived Data (if yes, please specify and complete 6.5 below): ☐ Yes ☐ No

If “yes”, is the Derived Data distributed (please specify): ☐ Internally or ☐ Externally

(d) Does the Application store the Exchange Data (please specify): ☐ Yes ☐ No

If “yes”, is the stored Exchange Data accessible to Applicant Users: ☐ Yes ☐ No

(e) On what basis is the Exchange Data made available to Applicant Users (please specify):

☐ real time ☐ delayed ☐ historical

(f) Are Applicant Users: ☐ Internal ☐ External ☐ Both

(g) Are Applicant Users: ☐ Professional ☐ Non-Professional

(h) Please indicate the estimated number of Applicant Users:

☐ 1 - 50 ☐ 51-100 ☐ 100 – 300 ☐ 301+

(j) Where the Application is Non-Display, is it Execution only?

☐ Yes (please specify): _____

☐ No (please specify): _____

(k) Please indicate the locations of the Applicant Users (check all the boxes that apply to the Applicant) with access to the Application:

- ☐ Americas
☐ APAC
☐ EMEA

(l) Please indicate the purposes for which the Applicant will use the Exchange Data within the Non-Display Application (check all the boxes that apply to the Applicant):

- ☐ Sales/trading
☐ Algorithmic/black box
☐ Proprietary trading – is it: ☐ Low Latency via: ☐ NY4 or ☐ CH4
☐ Valuations and portfolio pricing
☐ Back office and settlement
☐ Risk
☐ Regulatory reporting
☐ Accounting and audit
☐ Research
☐ Surveillance
☐ Other (please specify): _____

6.3 VENDOR ACCESS. Where Applicant connects to the Exchange via a Vendor please confirm the following (in relation to each Vendor):

	Vendor 1	Vendor 2	Vendor 3
(a) Vendor Service Name (please specify)			
(b) Vendor of Record (if applicable, please specify):			
(c) Is Subscriber User access to the Exchange Data (please specify):	<input type="checkbox"/> Real time <input type="checkbox"/> Delayed	<input type="checkbox"/> Real time <input type="checkbox"/> Delayed	<input type="checkbox"/> Real time <input type="checkbox"/> Delayed
(d) Are Subscriber Users:	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both
(e) Are Subscriber Users:	<input type="checkbox"/> Professional <input type="checkbox"/> Non-Professional	<input type="checkbox"/> Professional <input type="checkbox"/> Non-Professional	<input type="checkbox"/> Professional <input type="checkbox"/> Non-Professional
(f) Please indicate the estimated number of Subscriber Users:	<input type="checkbox"/> 1 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 100 – 300 <input type="checkbox"/> 301+	<input type="checkbox"/> 1 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 100 – 300 <input type="checkbox"/> 301+	<input type="checkbox"/> 1 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 100 – 300 <input type="checkbox"/> 301+
(g) Do you require Non-Display access via the Vendor:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see Q6.3(h))	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see Q6.3(h))	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see Q6.3(h))

(h) In the event of Non-Display access to the Exchange Data via a Vendor Application please indicate the purposes for which the Applicant will use the Exchange Data (check all the boxes that apply to the Applicant):	<input type="checkbox"/> Sales/trading	<input type="checkbox"/> Sales/trading	<input type="checkbox"/> Sales/trading
	<input type="checkbox"/> Algorithmic/black box	<input type="checkbox"/> Algorithmic/black box	<input type="checkbox"/> Algorithmic/black box
	<input type="checkbox"/> Proprietary Trading – is it: <input type="checkbox"/> Low Latency via: <input type="checkbox"/> NY4 or <input type="checkbox"/> CH4	<input type="checkbox"/> Proprietary Trading – is it: <input type="checkbox"/> Low Latency via: <input type="checkbox"/> NY4 or <input type="checkbox"/> CH4	<input type="checkbox"/> Proprietary Trading – is it: <input type="checkbox"/> Low Latency via: <input type="checkbox"/> NY4 or <input type="checkbox"/> CH4
	<input type="checkbox"/> Valuations and portfolio pricing	<input type="checkbox"/> Valuations and portfolio pricing	<input type="checkbox"/> Valuations and portfolio pricing
	<input type="checkbox"/> Back office and settlement	<input type="checkbox"/> Back office and settlement	<input type="checkbox"/> Back office and settlement
	<input type="checkbox"/> Risk	<input type="checkbox"/> Risk	<input type="checkbox"/> Risk
	<input type="checkbox"/> Regulatory reporting	<input type="checkbox"/> Regulatory reporting	<input type="checkbox"/> Regulatory reporting
	<input type="checkbox"/> Accounting and audit	<input type="checkbox"/> Accounting and audit	<input type="checkbox"/> Accounting and audit
	<input type="checkbox"/> Research	<input type="checkbox"/> Research	<input type="checkbox"/> Research

6.4 OTHER ACCESS (i.e sponsored access).

(a) Service/Application Type (please specify): ☐ Display ☐ Non-Display

(b) Service/Application Name (please specify): _____

(c) Does the Service/Application permit the creation of Derived Data (if yes, please specify and complete 6.5 below):

☐ Yes ☐ No

If “yes”, is the Derived Data distributed (please specify): ☐ Internally or ☐ Externally

(d) Does the Service/Application store the Exchange Data (please specify): ☐ Yes ☐ No
If “yes” is the stored Exchange Data accessible to Users: ☐ Yes ☐ No

(e) On what basis is the Exchange Data made available to Users (please specify):

☐ real time ☐ delayed ☐ historical

(f) Are Users: ☐ Internal ☐ External ☐ Both

(g) Are Users: ☐ Professional ☐ Non-Professional

(h) Please indicate the number of Users: ☐ Unlimited ☐ Fixed number (please specify):

- (i) Please indicate the locations of the Users (check all the boxes that apply to the Applicant) with access to the Service/Application:

- ☐ Americas
☐ APAC
☐ EMEA

- (j) Please indicate the purposes for which the Applicant will use the Exchange Data within this Service/Application (check all the boxes that apply to the Applicant):

- ☐ Sales/trading
☐ Algorithmic/black box
☐ Proprietary Trading
☐ Valuations and portfolio pricing
☐ Back office and settlement
☐ Risk
☐ Regulatory reporting
☐ Accounting and audit
☐ Research
☐ Surveillance
☐ Other (please specify): _____

6.5 Does the Applicant intend to use Exchange Data in the creation of Derived Data:

- ☐ Yes
☐ No

If “yes”, please confirm whether this Derived Data usage will include the creation of tradeable instruments:

- ☐ Yes (please specify): _____
☐ No

6.6 OTHER.

- (a) Do you intend to make Exchange Data available to third parties (including your affiliates)?

If “yes”, please specify the following: method:

_____ data type: _____
_____ recipient: _____

- (b) If you are an FCM and provide trading access and/or ability to trade on the Exchange to your clients or any third parties, do you intend to provide access to Exchange Data to such clients or third parties?

If “yes”, please specify: _____