**DGCX DMM TENDER APPLICATION FORM 2018**

1. Name of Applicant (Company Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Membership Type: Broker Member 🞏 Trade Member 🞏 RDMA 🞏 Client 🞏
3. Clearing Member to be used, if not a Clearing Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name, designation of main contact person to discuss application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. List of Products on which the Applicant seeks to make markets in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. The specification of the parameters for the DMM obligation. Please complete the below table for each product to reflect your desired quote structure and compensation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DGCX Futures/Options Contracts** | **Front Month** | | **Second Month** | | **Minimum Obligation in Time Commitment** |
| **Minimum Quantity** | **Maximum Tick Spread** | **Minimum Quantity** | **Maximum Tick Spread** |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Reference Market | |  | | | |
| Contract Rollover (Spread) | |  | | | |
| **COMPENSATION STRUCTURE** | | | | | |
|
|

Note: Please include the above table for each product tendered for. Multiple products cannot be covered by one table except for Single Stock Futures and G6 Currency Futures. Please see Annexure 2 and 3 on the ‘Invitation to apply for Designated Market Maker Status in the specified DGCX Contracts’ document.

1. Market Making Experience in related markets: Yes 🞏 No 🞏

If yes, state the number of years:

Which Exchange(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Trading software used:

Method of trading: Manual 🞏 Automated 🞏

Do you currently have automated software: Yes 🞏 No 🞏

Is the automated software certified by DGCX: Yes 🞏 No 🞏

1. Number of sources used as references to support Market Making operation: \_\_\_\_\_\_\_\_\_\_\_\_
2. Mode of Connectivity to connect DGCX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Market Making software to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Settlement Banking Arrangements to meet DMM obligations (only applicable to Self Clearers): Yes 🞏 No 🞏
5. Email id(s) you wish to register for Request for Quotes purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Name(s) of proposed Market Maker Traders (MMT) responsible for Market Making: \_\_\_\_\_
7. Date from which the applicant can carry out Market Making commitments: \_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you agree to being promoted as a DMM for publicity purposes?

Yes 🞏 No 🞏

1. If you have not been awarded a DMM Contract from DGCX in the past are you able to provide references and perform testing: Yes 🞏 No 🞏
2. Are there any additional products not listed on the DGCX for which you would be interested in being the DMM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach any additional information that may be relevant to the application

The Applicant hereby declares that all the information contained in this application form, and otherwise supplied, is complete, true, accurate and not misleading.

Authorized Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return to the following address by close of business on Friday, October 12, 2018:***

DGCX Product Management Telephone: +971 4361 1600

Dubai Gold & Commodities Exchange Fax: +971 4361 1669

Gold Tower, Level UP Email: [tender@dgcx.ae](mailto:tender@dgcx.ae)

JLT, PO Box 37736

Dubai, UAE.