

Contracting Party Application Form

All terms not otherwise defined below have the meanings ascribed thereto in the Contracting Party Agreement (“CPA”).

1. Basic Information

(a) Name and Title of authorized representative¹ of the Applicant

FULL NAME: _____

TITLE: _____

(b) Full legal name of the Applicant (if this is a partnership of any form, the name of the managing/general partner that will be executing the agreement on behalf of the partnership is also required)

(c) Jurisdiction in which the entity (and managing partner, if applicable) was incorporated, and a certificate of incorporation and/or the most recent corporate registry documentation for the company, if available. Please specify country and state/province, as applicable.

(d) Does the Applicant have a Legal Entity Identifier (“LEI”)²? Yes___ No___ (if Yes, please specify)

(e) The most recent audited annual financials for confirmation that you meet the Minimum Qualification Requirement (\$5MM in equity or \$25MM in assets)

(f) Full Applicant mailing address

ADDRESS 1: _____

ADDRESS 2: _____

ADDRESS 3: _____

CITY and PROVINCE/STATE: _____

¹ An authorized representative is a person having the requisite corporate authority and consent to provide the information requested herein and to sign on behalf of the Applicant - see 5.(c)

² http://www.iso.org/iso/catalogue_detail?csnumber=59771

POSTAL/ZIP CODE and COUNTRY: _____

(g) Full Applicant head office address

Same as above?

Yes____ No____ (if No, please specify)

ADDRESS 1: _____

ADDRESS 2: _____

ADDRESS 3: _____

CITY and PROVINCE/STATE: _____

POSTAL/ZIP CODE and COUNTRY: _____

(h) CPA contact person's details (this person will receive notifications regarding any amendments to the CPA, and is often someone in the legal or contracts admin. department);

FULL NAME: _____

TITLE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

(i) ICE NGX Administrator's details (this person will be our main contact for managing access to the ICE NGX reports portal and trading permissions):

FULL NAME: _____

TITLE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

(j) Credit/risk management contact

FULL NAME: _____

TITLE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

2. Prior Memberships and/or Registrations

(a) Has the Applicant ever had, used, operated under or carried on business under any name other than the name listed in this Application (please specify)?

(b) Has the Applicant or any of its affiliates ever been a Contracting Party of ICE NGX, at present or in the past? Yes ___ No ___

If "Yes":

i) please provide the name of the company/companies:

ii) please indicate if the Applicant intends to net for collateral purposes with any existing affiliated Contracting Party and provide the name of the company/companies:

(c) Is the Applicant currently a participant on the ICE Trading Platform? Yes ___ No ___

(d) List the Canadian and/or US securities, commodities, and/or futures regulatory authorities (e.g. CFTC, SEC, Provincial regulators, etc.) which have regulatory authority with respect to the Applicant, as well as any self-regulatory organizations (e.g. FINRA, NFA) of which the Applicant is a member (collectively the "Regulatory Authorities"), including the category under which the Applicant is registered, if applicable:

Name of Regulatory Authority	Category of registration

3. Officers, Directors, and Shareholders

a) Please provide a list of the officers, directors, and if applicable, principals of the Applicant. For a partnership, please provide same for each partner:

Name of Individual	Organizational Role	Principal Residence (State/Province, Country)

b) Please provide a list of all shareholders (individual persons or business entities) holding an equity interest of 10% (or greater) in the Applicant:

Name of Shareholder	Principal Residence (State/Province, Country), for individuals Jurisdiction of Incorporation (State/Province, Country) for business entities

4. Regulatory and Other Information

(a) Has the Applicant previously been refused participation on, suspended, or expelled from any regulated market? Yes___ No___

If "Yes", please provide the following information:

Name of Market	Date	Reason

(b) Is the Applicant or any of its officers, directors, principals, if applicable, or traders currently subject to disciplinary action or part of ongoing disciplinary proceedings by any Regulatory Authority? Yes___ No___

If "Yes", please provide the following information:

Name of Applicant / Individual	Regulatory authority	Date of disciplinary action	Reason for disciplinary action

(c) Is the Applicant aware of any material claims, litigation or other outstanding judgments pending against the Applicant? Yes___ No___

If "Yes", please provide the relevant dates and details:

Date	Details

5. Acknowledgements

(a) Information Collection and Use

The Applicant acknowledges that ICE NGX Canada Inc. ("ICE NGX") collects the information in the Contracting Party Application Form and in other records provided by the Applicant, and will use it for the following purposes:

- to consider the eligibility of the Applicant to become a Contracting Party, including the suitability of the Applicant's officers, directors, partners and/or principals (as applicable),
- to verify that the information provided is true and accurate, and
- to ensure compliance with all applicable laws, regulations, rules, orders, judgments, interpretations, policies and other binding similar pronouncements originating with a legislature, board, agency, court, stock exchange or other regulatory body with jurisdiction ("Applicable Laws") and the Contracting Party Agreement

The Applicant acknowledges that in furtherance of these efforts ICE NGX may also collect supplemental information about the Applicant and/or its officers, directors, partners and/or principals (as applicable) from additional sources.

(b) Consent

By submitting this Contracting Party Application Form and any supplemental information (including personal information, financial statements and details of the Applicant's corporate structure) provided in connection with the Contracting Party Application Form, the Applicant confirms that it has obtained and maintains all necessary consents, approvals, or authorizations of its officers, directors, partners and/or principals (as applicable), and any other persons on behalf of whom it has provided information for the purposes of collecting and using their information in accordance with the Contracting Party Agreement. The Applicant also understands and acknowledges that, except as may be required by law or regulation, this information will be treated as confidential by ICE NGX.

(c) Confirmation

On behalf of _____ [Applicant], I,
_____[authorized representative's name¹], in my capacity as
_____[role/title] and not in any personal capacity, confirm that I have read and understand the contents of this Contracting Party Application Form and any related attachments and that all of the information contained herein and therein is true, accurate, and complete.

Date: _____

Signature of authorized representative