

REGISTERED SECURITIES TRADER APPLICATION FORM

Member Firm Name _____

Member Firm Alpha _____ Member Firm BIC Code _____

Please indicate Action:

N (New); or S (Suspension); or C (change) or R (Reactivate);

*Action	*Trader's Full Name/ DMA Client Name	*Software	*Trader ID Flag Code	Activation-Effective Date	Suspension-Effective Date	Reactivation-Effective Date	Trader Code

**Are mandatory fields*

The undersigned certifies that the above person(s) is:

1. Currently in our employ;
2. Satisfies the requirements of rule 6.10.5 read with rule 4.10; and
3. In possession of a valid registered securities trader certificate.

I accept the cut-off time is 15h00 to ensure that the addition is operational at start of trading the following day.

Please email CustomerSupport@jse.co.za.

Authorising Signatory _____ Designation _____

Name _____ Date _____

Email _____ Telephone No. _____

***Note that the signatory is required to be that of a director or the compliance officer of the applying JSE member firm.**

I the undersigned, confirm that I meet the criteria in rule 6.10.5 and rule 4.10.1 to be registered as a securities trader and that none of the circumstances in rule 4.10.2 are applicable to me except for those mentioned below (provide details if applicable).

Signed _____ Trader Name _____ Date _____

***Note that the signatory is required to be a trader of the JSE member firm.**

TRADER ID FLAG CODES

Trader Identity Flag Name	Trader Identity Flag Code
Day Trading	TF1
Derivatives Designated Market Marker Trades	TF2
ETF Designated Market Marker Trades	TF3
ETN Designated Market Marker Trades	TF4
General Algo Trading	TF5
High Frequency or Latency Sensitive Algo Trading	TF6
Institutional Trading	TF7
Proprietary Trading	TF8
Quasi-Algo	TF9
Retail Trading	TF10
Structured Product Designated Market Maker Trades	TF11
Warrants Designated Market Maker Trades	TF12

REGISTERED SECURITIES TRADER REGISTRATION FORM

Please register the following securities trader:

Member Firm Name _____

Surname _____

First Name (s) _____

Title _____ Email Address _____

Identity Number/ Passport No. _____

Contact Number _____

Date Employed _____

Signed _____ Name _____ Date _____

Note that the signatory is required to be that of a director or compliance officer of the applying JSE member firm.