

PERSONAL QUESTIONNAIRE

Application Form

Dublin. Guernsey. Isle of Man. Jersey. London.

tisegroup.com

Notes on completion

Every Director (Category 2 & 3 members only) and Traders of a Member must either complete this "Personal Questionnaire" or submit a copy of any such questionnaire provided to a regulatory body recognised by The International Stock Exchange Authority Limited (the "Authority") along with a completed "Supplement to a personal questionnaire" form.

Either form must be submitted to the Authority within 10 business days of the appointment of the Director or Trader. These should be sent only by email to: membership@tisegroup.com

Please answer all questions and do not leave any section blank.

If insufficient space is provided for completion of any paragraph, additional information may be provided on the supplement pages. Please select which section and provide which question the additional information relates to at the top of each supplement page.

1. Personal Details

| Surname: | |
|---------------------------------------|----------------|
| Forename(s): | |
| Former surname(s): | |
| Former forename(s): | |
| Alias (if any): | Date of Birth: |
| Place of birth (country and town): | |
| Registered Office: | |
| Nationality: | |
| Former nationality, if any: | |
| Position(s) at Member: | |
| | |
| | |
| Telephone number: | |
| Email address: | |

2. Employment History

Give details of your employment over the last ten years. Any gaps in employment over the period must be explained.

| Current employment | |
|---|--|
| Name of employer: | |
| Address of employer: | |
| Nature of employer's business: | |
| Period of employment (mm/yy): | |
| Job title: | |
| Description of position and responsibilities: | |

| Name of employer: | |
|---|--|
| Address of employer: | |
| Nature of employer's business: | |
| Period of | |
| employment (mm/yy): | |
| Job title: | |
| Description of position and responsibilities: | |
| Reason for leaving (if dismissal or termination by employer please provide further information): | |

| Name of employer: | |
|---|--|
| Address of employer: | |
| Nature of employer's business: | |
| Period of employment (mm/yy): | |
| Job title: | |
| Description of position and responsibilities: | |
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| Name of employer: | |
|---|--|
| Address of employer: | |
| Nature of employer's business: | |
| Period of | |
| employment (mm/yy): | |
| Job title: | |
| Description of position and responsibilities: | |
| Reason for leaving (if dismissal or termination by employer please provide further information): | |

3. Professional Competence

3.1 Professional Qualifications

State the names or attach a list of all companies, of which you are currently a director.

3.2 Professional Memberships

Current professional memberships.

3.3 Training and Experience

Relevant training and experience (including dates) for the appointed role at the Member.

3.4 Licences, Authorisations or Equivalent approvals

List any licence or authorisation or equivalent approvals (whether personally or as a representative) held

4. Fitness and Propriety

| .1. | Have you been declared bankrupt, adjudged bankrupt or had your estate sequestrated, or had a preliminary vesting order declared against you? | Yes | | No | |
|-----|---|------------|-----------|-------------|-----|
| | If so, give full particulars (e.g. the court by which you were adjudged bankrupt and, if discharged which you were granted your discharge.) | d, the dat | e and co | onditions o | 'n |
| | | | | | |
| .2 | Have you been a party to a deed of arrangement or made any other form of composition with your creditors? | Yes | | No | |
| | If so, give full particulars | | | | |
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| | | | | | |
| .3 | Are there any unsatisfied judgements outstanding against you? | Yes | | No | |
| | If so, give full particulars | | |) | |
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| .4 | To the best of your knowledge and belief, has any company been put into liquidation (otherwise than by a members' voluntary winding up when the | Yes | | No | |
| | company was solvent) or had a receiver appointed during the period when you were a director or the following 12 months? | | |) | |
| | If so, in each case state the company's name, nature of business, date of commencement of win amount involved together with an indication of the outcome or current position | ding up o | or receiv | ership and | the |
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4. Fitness and Propriety continued

| 4.5 | Have you been convicted of any criminal offence involving financial crime, fraud or dishonesty? | Yes | No | |
|-----|--|------------|------|--|
| | If so, state the court by which you were convicted, the date of conviction and give full particular the offence and the penalty imposed. Consideration will be given to any applicable rehabilitation provides circumstances which, if present, will result in certain convictions being considered as s | on of offe | | |
| | | | | |
| 4.6 | Have you, in connection with the formation or management of any company, partnership or unincorporated institution been adjudged by a Court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or its members? | Yes | No | |
| | If so, give full particulars | | | |
| | | | | |
| 4.7 | Have you been refused admission to membership of any professional body or been censured or disciplined by any such body to which you belong or belonged or have you held a practising certificate subject to any unusual conditions? | Yes | No | |

If so, give full particulars (e.g. the court by which you were adjudged bankrupt and, if discharged, the date and conditions on which you were granted your discharge.)

| from acting in the management or conduct of the affairs of any company, partnership, or unincorporated institution? | Yes | No |
|---|------------------|--------------------|
| If so, give full particulars | | |
| | | |
| To the best of your knowledge and belief, has any company, partnership or unincorporated institution been: | Yes | No |
| investigated by an inspector appointed under companies legislation, or other s regulatory body; or | ecurities enact | ments or by any ot |
| ii. required to produce books and records to a government or regulatory inspect | or; or | |
| iii. censured and/or fined; | | |
| during the period in which you were responsible for the management or conduct partnership or unincorporated institution or during the following 12 months? | of the affairs o | f that company, |
| (If the investigation is or was confidential, the question may be answered simply "yes". In suc additional information directly and in confidence from you.) | h cases the Aut | hority may seek |
| | | |
| | | |
| | | |
| Is there any ongoing litigation against you and are you currently involved in any proceedings issued by you? | Yes | No |

| 1 | Have you ever been removed or dismissed from any position, office | V | N | |
|---|--|-----|----|--|
| | (including any fiduciary office) or position of trust? | Yes | No | |
| | If so, give full particulars | | | |
| | | | | |
| | Have you entered into a settlement (including individual voluntary arrangements) in the last 10 years in relation to any financial services, companies, consumer protection, market abuse, insider dealing or money | Yes | No | |
| | laundering matter? If so, give full particulars | | | |
| | Have you ever, in connection with the formation or management of any company, partnership or unincorporated institution, been adjudged by a court to be civilly liable for any fraud, dishonesty, or other misconduct towards such a body or any of its members or creditors? If so, give full particulars | Yes | No | |
| | | | | |
| | Is there any other information material to your position at the Member, the omission of which might affect the significance of the information contained herein? | Yes | No | |

4. Fitness and Propriety

I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts material to the assessment of my fitness and propriety.

I undertake to inform the Authority, without delay, of any material changes to the information supplied in this form. I hereby authorise the Authority to disclose any information provided in this declaration to such other bodies as the Authority may, in its absolute discretion, deem necessary in accordance with its Privacy Statement which I have read and understood.

| Name (block capitals): | |
|------------------------|--|
| Signed: | |
| Date: | |

Supplement page

| Supplement to: | |
|----------------|--|
| Question: | |

Supplement page

| Supplement to: | | | | | |
|----------------|--|--|--|--|--|
| Question: | | | | | |
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Application Form

Version: January 2022

T: +44 (0) 1481 753000 - E: info@tisegroup.com - W: tisegroup.com

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