



# PHILIPPINE STOCK EXCHANGE, INC.

6/F PSE Tower, 5<sup>th</sup> Avenue cor. 28<sup>th</sup> Street,  
Bonifacio Global City, Taguig City  
Tel. No. 876-4888  
Internet : <http://www.pse.com.ph>

## ETF MARKET MAKER APPLICATION/RENEWAL CHECKLIST

<b>INSTRUCTIONS</b>	
1.0	Completely fill-out the ETF Market Maker Application/Renewal Checklist. Incomplete forms will not be processed.
2.0	Only the personnel specified in the Authorized Signatory Form (ASF) shall be recognized as the official signatory on the Authorized Officer section of the Application Form.
3.0	Upon completion, submit the form to the Market Operations Division or fax to 891-9043.
4.0	For inquiries, call the PSE Helpdesk at 876-4899.

Date : \_\_\_\_\_  
 Broker Name : \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Address : \_\_\_\_\_ Contact Person : \_\_\_\_\_

New Application  Renewal

### For New Application:

<b>Qualifications:</b>	
1.	Licensed to act as a broker/dealer by the SEC
2.	Registered as a Trading Participant of the Exchange
3.	Continuous operations as a broker/dealer for five (5) years immediately preceding the application.
<b>Documentary Requirements:</b>	
1.	Certified True Copy of the duly-accomplished SEC Form 28-BDA "Application for Registration as a Broker Dealer and Amendments Thereto", duly received by the SEC. (The option <i>Exchange Trading Participant</i> , which includes <i>Plans to or Engages in Market Making Transactions</i> , must be selected)
2.	Certificate of TP's Membership in good standing for the last two (2) years, issued by SEC
3.	TP's Certificate of Compliance for the last two (2) years, issued by CMIC
4.	Original or certified true copy of the Letter of Intent to operate as an ETF Market Maker duly signed by the Nominee
5.	Original or certified true copy of the Letter of Appointment of the Designated Specialist duly signed by the authorized signatory of the Market Maker
6.	Certificate of Designated Personnel's good standing as a Licensed Trader/Salesman for the last two (2) years, issued by SEC
7.	Designated Personnel's Certificate of Compliance as a Licensed Trader/Salesman, issued by CMIC
8.	Board Resolution authorizing the TP to engage in ETF Market Making operations
9.	A certified true copy of the accreditation/certificate of completion of training issued to the Designated Specialist by a training provider (if other than the Exchange) authorized as such by the Commission.
10.	Written internal control procedures, including procedures for establishing and maintaining a "Chinese Wall" pursuant to SRC 34.1, paragraph 2; taking into consideration the applicable requirements under the Anti-Money Laundering Act of 2001, as amended, and the Revised Code of Corporate Governance.
11.	Original copy of the Agreement between the TP and ETF
12.	Written consent of the Nominee, Licensed Trader/Salesman, and Designated Specialist authorizing the PSE to collect, record, store, use, disclose, and process their personal information for the purpose of TP's application as an ETF market maker and for purposes relevant or incidental thereto.

**For Renewal:**

<b>Documentary Requirements:</b>	
1. Certificate of TP's Membership in good standing for the previous year, issued by SEC.	
2. TP's Certificate of Compliance for the previous year, issued by CMIC.	
3. Certificate of Designated Personnel's good standing as a Licensed Trader/Salesman for the previous year, issued by SEC	
4. Designated Personnel's Certificate of Compliance as a Licensed Trader/Salesman for the previous year, issued by CMIC	
5. Written consent of the Nominee and Licensed Trader/Salesman authorizing the PSE to collect, record, store, use, disclose, and process their personal information for the purpose of TP's renewal application as an ETF market maker and for purposes relevant or incidental thereto.	

**AUTHORIZED OFFICER**

I agree that upon accreditation, our company shall be charged the **processing fee of Php5, 000.**

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position

**FOR P. S. E. USE ONLY**

Signature validated by: \_\_\_\_\_ Date: \_\_\_\_\_      Remarks: \_\_\_\_\_  
Requirements validated by: \_\_\_\_\_ Date: \_\_\_\_\_      Billing Date: \_\_\_\_\_  
Date Replied: \_\_\_\_\_

PSE MOD Form 017 Rev. 04

Control Number: \_\_\_\_\_