



**ICE NGX CANADA INC.
MEMBERSHIP INFORMATION FORM**

1. Basic Information of the Applicant or Contracting Party

(a)	Full name:	
(b)	Jurisdiction of organization:	
(c)	Address:	
	Address 1:	
	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
	Postal Code/ Zip Code:	
(d)	Address for legal service, if different from (c):	
	Address 1:	
	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
(e)	Legal Entity Identifier ¹ ("LEI"), if applicable:	<input type="checkbox"/> No LEI
(f)	DUNS number ("DUNS"), if applicable ² :	<input type="checkbox"/> No DUNS
(g)	National Futures Association ("NFA") identification number, if applicable:	<input type="checkbox"/> No NFA ID

2. If the Applicant or Contracting Party is a partnership – Information regarding the partner of the Applicant or Contracting Party

(a)	If a partnership or a limited partnership, name of the partner and/or general partner:	
(d)	Jurisdiction in which the partner and/or general partner is organized, if applicable:	
(c)	Address of the Partner, if applicable:	
	Address 1:	

¹ See Global Legal Entity Identifier Foundation (<https://www.gleif.org/en>).

² Dun & Bradstreet (<https://www.dnb.com/duns-number/lookup.html>)

	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
	Postal Code/ Zip Code:	
(d)	Address for legal service, if different from (c):	
	Address 1:	
	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
	Postal Code/ Zip Code:	

3. Information regarding the ultimate parent/partner of the Applicant or Contracting Party (if applicable)

(a)	Name of ultimate parent:	
(b)	Jurisdiction of ultimate parent:	
(c)	Address of ultimate Parent:	
	Address 1:	
	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
	Postal Code/ Zip Code:	
(b)	Address for legal service, if different from (a):	
	Address 1:	
	Address 2:	
	Address 3:	
	City, Province/ State, Country:	
	Postal Code/ Zip Code:	



4. Contact Information

(a) Please provide name and contact details for the following; insert additional rows as needed:

ICE NGX Administrators³	
Full Name:	Full Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
Legal Contact⁴	
Full Name:	
Title:	
Email:	
Phone:	
Compliance Contact	
Full Name:	
Title:	
Email:	
Phone:	
Margin/ Credit/ Risk Management Contacts	
Full Name:	Full Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
Settlement Contacts	
Full Name:	Full Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

³ ICE NGX's main operational contact at the Contracting Party; manages trading permissions and access to the ICE NGX reports portal.

⁴ ICE NGX's main legal contact at the Contracting Party; receives legal notifications, including for CPA amendments; often someone in the legal or contracts administration department

ICE NGX Canada Inc.

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Executive/ High Escalation Contact	
Full Name:	
Title:	
Email:	
Phone:	
Scheduling (specify CA/US gas):	
Full Name:	Full Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
Specify CA Gas/ US Gas/ Power:	Specify CA Gas/ US Gas/ Power:
Other (indicate type):	Other (indicate type):
Full Name:	Full Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

5. Officers, Directors and Shareholders

(a) Please list all officers, directors and, if applicable, principals of the Applicant or Contracting Party; insert additional rows as needed:

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



- (b) If the Applicant is a partnership or limited partnership, please list all officers, directors and, if applicable, principals of each partner and the general partner; insert additional rows as needed:

Name of Individual	Organization/ Organizational Role	Principal Place of Resident (State/Province, Country)

- (c) Please list all shareholders (individual person or legal entity) directly or indirectly holding an equity interest of 10% (or greater) in the Applicant, including as beneficial owner; insert additional rows as needed:

Name of Holder or Beneficial Owner or Equity Interest	Individual or Legal Entity?	Principal Residence (Individual) or Jurisdiction of Organization (Legal Entity) (State/Province, Country)
	Choose an item.	
	Choose an item.	
	Choose an item.	
	Choose an item.	



**ICE NGX CANADA INC.
APPLICATION INFORMATION FORM**

1. Financial Information

- (a) How does the Applicant intend to meet the Minimum Qualification Requirements (see section 1.2 of the CPA Terms and Conditions)? Please note that audited financial statements are preferred.

<input type="checkbox"/>	Standalone Financials	Please provide the most recent standalone annual financials for the Applicant
<input type="checkbox"/>	Existing affiliated Contracting Party	Please provide the most recent annual financials of the affiliated Contracting Party. Full legal name of the affiliated Contracting Party:
<input type="checkbox"/>	Controlling Affiliate of the Applicant <i>Note: ICE NGX requires recourse to the entity on whose financial statements the Applicant is relying.</i> <i>Please contact Sales-ICENGX@ice.com or Operations-ICENGX-Clearing@ice.com to discuss this option.</i>	Please provide the most recent annual financials of the controlling affiliate. Full legal name of the controlling affiliate:

- (b) For each existing affiliated Contracting Party of the Applicant, please indicate whether the Applicant intends to:

- (i) net collateral and exposure - i.e., in the same clearing account

Note: ICE NGX's standard process is for affiliated Contracting Parties to net collateral and exposure.

- (ii) net settlement payment obligations with the affiliated Contracting Party - indicates that all settlement payment obligations will be netted with the affiliated Contracting Party, across all commodities/invoice types per currency

Note: ICE NGX's standard settlement practice is to net settlement payment obligations for all affiliated Contracting Parties across all delivered commodities per currency.

Name of affiliated Contracting Party (list all Contracting Party affiliates)	Does the Applicant intend to net collateral and exposure? (Y/N)	Does the Applicant intend to net settlement obligations? (Y/N)
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.

2. Anticipated Products

(a) Please indicate whether the Applicant intends to trade and clear the following products with ICE NGX:

Product Class		Currency	Settlement Processing
<input type="checkbox"/>	Physically Settled Gas - Canadian delivery points	CAD/USD	Wire payment
<input type="checkbox"/>	Physically Settled Gas - US delivery points	USD	Wire payment
<input type="checkbox"/>	Physically Settled US Power - ERCOT	USD	Wire payment
<input type="checkbox"/>	Financially Settled US Power - ERCOT	USD	Via cash collateral account
<input type="checkbox"/>	Financially Settled Canadian Power - AB and ON	CAD	Via cash collateral account
<input type="checkbox"/>	Financially Settled Gas - Canadian delivery points	CAD	Via cash collateral account
<input type="checkbox"/>	Financially Settled Gas - Canadian delivery points	USD	Via cash collateral account
<input type="checkbox"/>	Physically Settled Environmental - AB	CAD	Via cash collateral account

Note: A cash collateral account in the respective currency is required in order to be able to trade and clear any of the following product types with ICE NGX:

- *Financially Settled Canadian Power Products*
- *Financially Settled ERCOT Power Products*
- *Financially Settled Gas Products*
- *Physically Settled Environmental Products*

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Please review section 3.3.c. [Grant of Security] of the CPA Terms and Conditions with respect to first-priority security interest over cash collateral accounts.

3. Collateral

(a) Please indicate whether the Applicant intends to provide:

Currency	Collateral Type		
	Cash	Funding Bank Name for Initial Cash Deposit - required if providing cash collateral	Letter of Credit
CAD	<input type="checkbox"/>		<input type="checkbox"/>
USD	<input type="checkbox"/>		<input type="checkbox"/>

Note: A cash collateral account in the respective currency is required in order to deposit cash collateral with ICE NGX. Please review section 3.3.c. [Grant of Security] of the CPA Terms and Conditions with respect to first-priority security interest over cash collateral accounts.

4. Regulatory and Other Information

(a)	Is the Applicant or any of its affiliates currently, or has the Applicant or any of its affiliates ever been in the past, registered under any category with or by a Canadian, U.S., U.K or European securities, commodities or futures regulatory authority (e.g., CFTC, SEC, provincial regulators) or self-regulatory organization (e.g., NFA, IIROC, FINRA)	
<input type="checkbox"/>	Yes	If yes, specify name of entity, regulatory status, regulator or self-regulatory organization and period of registration:
<input type="checkbox"/>	No	

(b)	Are the Applicant's business operations regulated by any utilities, commodities or other regulator not described in (a)? <i>Note: Do not include securities industry regulator solely on the basis of the Applicant being publicly traded.</i>	
<input type="checkbox"/>	Yes	If yes, specify regulator(s):
<input type="checkbox"/>	No	

(c)	Has the Applicant, or any of its affiliates, previously been refused participation on, suspended, or expelled from any regulated market or clearinghouse?	
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<input type="checkbox"/>	Yes	If yes, specify name of entity, regulated market or clearinghouse, date/period and reason:
<input type="checkbox"/>	No	

(d)	Is the Applicant or any affiliate, or any officer, director, principal or trader of the Applicant or any affiliate, currently subject to disciplinary action or part of ongoing disciplinary proceedings by any regulatory authority?	
<input type="checkbox"/>	Yes	If yes, specify name of entity or individual, regulatory authority, date/period and reason:
<input type="checkbox"/>	No	

(e)	Is the Applicant aware of any material claims, litigation or other outstanding judgments pending against the Applicant or any of its Affiliates?	
<input type="checkbox"/>	Yes	If yes, specify date and details:
<input type="checkbox"/>	No	

5. Prior Memberships and/or Registrations:

(a)	Has the Applicant or any of its affiliates ever previously been a Contracting Party of ICE NGX?	
<input type="checkbox"/>	Yes	If yes, specify name(s):
<input type="checkbox"/>	No	

(b)	Is the Applicant or any of its affiliates currently, or has the Applicant or any of its affiliates ever previously been a participant or member of any other ICE exchange or ICE clearinghouse?	
<input type="checkbox"/>	Yes	If yes, specify Applicant or affiliate name and ICE exchange or ICE clearinghouse:
<input type="checkbox"/>	No	

(c)	Does the Applicant, or any of its staff in respect of the Applicant, currently have a login for any application within the ICE Trading Platform?	
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<input type="checkbox"/>	Yes	If yes, specify which ICE market or service:
<input type="checkbox"/>	No	

(d)	Has the Applicant ever used, been organized under, operated under or carried on business under any name other than the name listed in the accompany Membership Information Form?	
<input type="checkbox"/>	Yes	If yes, specify name:
<input type="checkbox"/>	No	

6. Operational Readiness

(a)	Does the Applicant have a written risk management policy, as described in section 2.6(h) and 3.2(m) of the CPA?	
<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	If no, specify anticipated date for establishing a written risk management policy:

(b)	If the Applicant intends to trade physically settled natural gas, does the Applicant have the necessary pipeline agreements and mnemonics in place?	
<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	If no, specify anticipated date for establishing necessary agreements and mnemonics:
<input type="checkbox"/>	N/A	

(c)	If the Applicant intends to trade physically settled ERCOT power products, does the Applicant have the necessary arrangements in place with ERCOT?	
<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	If no, specify anticipated date for establishing necessary arrangements with ERCOT:
<input type="checkbox"/>	N/A	

7. Document Checklist

<i>Documents required of all Applicants</i>			
(a)	Financial Statements (see Section 3)	<input type="checkbox"/> Yes	Comments:
(b)	Copies of disciplinary decisions or records, if applicable	<input type="checkbox"/> Yes	Comments:
(c)	Corporate Organization Chart, showing the Applicant through to the ultimate parent	<input type="checkbox"/> Yes	Comments:

(Acknowledgements follow)



8. Acknowledgements

Information Collection and Use

- (a) 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:
- (i) 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),
 - (ii) to verify that the information provided is true and accurate, and
 - (iii) to ensure compliance with all applicable laws, regulations, rules, orders, judgements, 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.
- (b) 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.
- (c) The Applicant acknowledges that ICE NGX will retain the collected information for the length of time necessary to meet its legal and regulatory obligations in accordance with its data retention policy.
- (d) To the extent that ICE NGX collects Personal Information, as defined in the *Personal Information Protection and Electronic Documents Act* ("PIPEDA"), under this application, and engages in the extraterritorial transfer of the Personal Information, the following provisions apply.
- (i) ICE NGX shall Process the Personal Information in accordance with this application and Applicant shall ensure that adequate notice is provided and appropriate consents are obtained as required by, as applicable, PIPEDA, SBC 2003, c 63, *Personal Information Protection Act*, SA 2003, c P-6.5 or *An Act respecting the Protection of Personal Information in the Private Sector*, CQLR c P-39.1, as amended or supplemented from time to time, and any similar Canadian federal or provincial legislation now in force or that may in the future come into force governing the protection of personal employee information in the private sector.
 - (ii) ICE NGX shall implement security measures to protect Canadian Personal Data consistent with the requirements of the PIPEDA.
 - (iii) Both Applicant and ICE NGX shall comply with all valid requests made by competent legal authorities.
 - (iv) Upon request by Applicant, ICE NGX shall provide Applicant with the opportunity to retrieve the Canadian Personal Data.

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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.

Confirmation

On behalf of _____ [*insert name of Applicant*], I, _____ [*insert name of authorized signatory*], in my capacity as _____ [*insert role/ title of authorized signatory*] 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.

Signature: _____

Date: _____

Name:

Title:

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