



Contracting Party Application Form

All capitalized terms not otherwise defined below have the meanings ascribed thereto in the Contracting Party Agreement (“CPA”). The current version of the CPA is available on the Documents page of the ICE NGX website¹ [<https://www.theice.com/ngx/documents>].

1. Basic Information

(a)	Full name of the Applicant:	
(b)	Jurisdiction of organization of the Applicant:	
(c)	If the Applicant is 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:	
(d)	Name of ultimate parent of the Applicant:	
(e)	Jurisdiction of ultimate parent of the Applicant:	
(f)	Legal Entity Identifier ² (“LEI”) of the Applicant:	<input type="checkbox"/> No LEI

2. Contact information

(a)	Address of the Applicant:	
	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:	

¹ (<https://www.theice.com/ngx/documents>).

² See Global Legal Entity Identifier Foundation (<https://www.gleif.org/en>).



	City, Province/ State, Country:	
	Postal Code/ Zip Code:	
(c)	Authorized signatory (1): ³	
	Full name (1):	
	Title (1):	
	Email (1):	
	Phone (1):	
	Authorized signatory (2)s: ⁴	
	Full name (2):	
	Title (2):	
	Email (2):	
	Phone (2):	
(d)	Legal or Compliance Contact: ⁵	
	Full name:	
	Title:	
	Email:	
	Phone:	
(e)	ICE NGX Administrator: ⁶	
	Full name:	
	Title:	
	Email:	
	Phone:	
(f)	Credit/risk management contact:	
	Full name:	
	Title:	

³ Person with requisite corporate authority and consent to provide the information requested herein and to sign this Application Form on behalf of the Applicant.

⁴ Person with requisite corporate authority and consent to provide the information requested herein and to sign this Application Form on behalf of the Applicant.

⁵ 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.

⁶ ICE NGX's main operational contact at the Contracting Party; manages trading permissions and access to the ICE NGX reports portal. This should be the same individual identified as the ICE NGX Administrator in the CP Administration Form.



	Email:	
	Phone:	

3. Financial Information

(a)	How does the Applicant intend to meet the Minimum Qualification Requirements (select one)?	
<input type="checkbox"/>	Own financials	Please attach the most recent annual financials for the Applicant.
<input type="checkbox"/>	Existing affiliated Contracting Party	Name of the affiliated Contracting Party: _____
<input type="checkbox"/>	Controlling Affiliate of the Applicant	Full legal name of the controlling affiliate: _____ Please attach the most recent annual financials of the controlling affiliate

4. Prior Memberships and/or Registrations

(a)	Are any affiliates of the Applicant currently a Contracting Party of ICE NGX?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i)	If yes, please specify name of affiliate(s):		
(ii)	Does the Applicant intend to net collateral and exposure with any current affiliated Contracting Party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify name of the affiliate(s) intending to net with:		
(b)	Has the Applicant or any of its affiliates ever previously been a Contracting Party of ICE NGX?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify name:		
(c)	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	<input type="checkbox"/> No



	If yes, please specify Applicant or affiliate name and ICE exchange or ICE clearinghouse:		
(d)	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify which ICE market or service:		
(e)	Has the Applicant ever used, been organized under, operated under or carried on business under any name other than the name listed in item 1(a) of this Application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify name:		

5. Officers, Directors, and Shareholders

(a) (i) Please list all officers, directors and, if applicable, principals of the Applicant (please add rows as necessary):

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

(ii) 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 (please add rows as necessary):

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



- (b) 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 (please add rows as necessary):

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

6. 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., UK or European securities, commodities or futures regulatory authority (e.g., CFTC, SEC, Provincial regulators, etc.) or self-regulatory organization (e.g., NFA, IIROC, FINRA). If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name of entity:		
	Regulatory Status:		
	Regulator or Self-regulatory organization:		
	Period of registration:		
(b)	Is the Applicant's business operations regulated by any utilities, commodities or other regulator not described in (a)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify regulator:		
(c)	Has the Applicant, or any of its affiliates, previously been refused participation on, suspended, or expelled from any regulated market or clearinghouse? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name of entity:		
	Regulated market or clearinghouse:		



	Date/ Period:		
	Reason:		
	Comments:		
(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? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name of entity:		
	Name of regulatory authority:		
	Date of disciplinary action:		
	Reason for disciplinary action - provide copy of disciplinary decision or records:		
	Comments:		
(e)	Is the Applicant aware of any material claims, litigation or other outstanding judgments pending against the Applicant or any of its Affiliates? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:		
	Details:		

7. Operational Readiness

(a)	Does the Applicant have a written risk management policy, as described in section 2.6(h) of the CPA and paragraph 8(a)(i) of Schedule C to the CPA? If no, specify anticipated date for establishing a written risk management policy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		
(b)	If the Applicant intends to trade physically-delivered 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 obtaining pipeline mnemonics:		
	Comments:		
(c)	If the Applicant intends to trade physically-delivered 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 arrangements with ERCOT:		
	Comments:		

8. Document Checklist

(a)	Constating documents	<input type="checkbox"/> Yes	Comments:
(b)	Constating documents of partner or general partner, if applicable	<input type="checkbox"/> Yes	Comments:
(c)	Financial Statements (see Section 3)	<input type="checkbox"/> Yes	Comments:
(d)	Copies of disciplinary decisions or records, if applicable	<input type="checkbox"/> Yes	Comments:

[Acknowledgements follow.]



9. 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, 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.
- (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.

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: _____
Name: _____
Date: _____