

Initial/Annual Declaration Form

Type of Declaration (Select applicable)

INITIAL DISCLOSURE

ANNUAL DISCLOSURE

First Name: _____ Last Name: _____

Location: _____ - _____ :

Desk / Department: _____

TP ICAP expects its employees to devote their full attention to the business of the firm and to avoid any outside interest that might interfere/appear to interfere with the employee's ability to act in the best interests of TP ICAP and its clients. Regulations in a number of areas require firms to maintain and operate effective arrangements to identify and appropriately manage conflicts of interests between itself and its client, and between a client and another client. Failure to do so can result in significant ramifications for firms including regulatory sanctions, reputational damage, financial loss etc.

Where a conflict is determined, depending on the nature of the conflict, this may mean either implementing additional controls/increasing oversight or in certain situations avoiding the conflict altogether, since the residual risk may simply be unacceptable, therefore in certain cases **the employee may be required to terminate such activity**.

INSTRUCTIONS:

- This is an initial/annual (cross out as appropriate) disclosure and as such ALL questions must be answered where relevant.**

PART 1 – DECLARATION OF OUTSIDE INTERESTS

Yes No
(if yes, provide details below)

1. EMPLOYMENT RELATIONSHIPS

e.g. employee of, or a consultant or contributor to, an entity other than an TP ICAP entity.

Do you hold/plan to hold any other employments?

Name of Entity:	Place of Incorporation:	Nature of Business:	Position/Function:	Date Commenced:	Hours Devoted per Day	Annual Compensation (State currency)

2. DIRECTORSHIPS

e.g. Executive/Non-Executive Directorships or similar relationships.

Yes No
(if yes, provide details below)

Do you hold/plan to hold any Directorships or similar relationships?

Yes, no change, as previously disclosed.

Name of Entity:	Place of Incorporation:	Nature of Business:	Position/Function:	Date of Association with Entity:	Any Other Relevant Information:

3. FIDUCIARY RELATIONSHIPS

e.g. an administrator, conservator, executor, guardian, trustee, power of attorney or similar relationships

Do you hold/plan to hold any other fiduciary relationships?

Yes No
(if yes, provide details below)

Name of Person, Organization or Entity:	Employee's Fiduciary Capacity:	Basis for Appointment (e.g. Family Related)	Have securities/futures accounts been opened for the benefit of the Person, Organization or Entity?	Do you have Authority to make investment decisions for such accounts?

4. CONTROL INTERESTS

i.e. beneficial owner of 5% or more of a class of equity of a publicly traded or private organization/entity.

Do you hold/plan to hold a beneficial interest of 5% or more in any Publically Listed/Private Company/Entity?

Yes No
(if yes, provide details below)

Yes, no change, as previously disclosed.

Name of Organization/ Entity:	Place of Incorporation:	Public/ Private:	Nature of Business:	Type of Interest:	Date Interest Acquired:	Ownership Percentage:

5. CLAIMANT COMMITTEES/PROXY CONTESTS

e.g. serve/participate in a security holders' or creditors committee or to become actively involved in a contest seeking a change in the management or control of an organization.

Are you serving/participating, or planning to, involve in any claimant Committee/proxy contest?

Yes No
(if yes, provide details below)

Yes, no change, as previously disclosed.

Type:	Target Organization or Entity:	Type of Entity/Nature of Business:	Employee Role/ Function:

6. Please complete question 6 if you indicated "YES" for any of the above questions 1 to 5. Otherwise, proceed to question 7.

Does any material adverse information exist concerning the organization/entity? Does any conflict of interest exist between any TP ICAP entity and the organization/entity?

Yes No
Yes No

Does the organization/ entity have a business relationship with any TP ICAP entity?

Yes No

If "Yes", please provide details:

7. ARBITRATION/LITIGATION

e.g. participating in an arbitration (dispute resolution) or litigation, either as a plaintiff, defendant or witness.

Are you involved/planning to be involved in any arbitration/litigation?

Yes No
(if yes, provide details below)

What capacity are you acting in?

Title/Description of Action:

To the best of your knowledge -

Is any TP ICAP entity involved or affected by this action?

Yes No

Is any TP ICAP client, counterparty or vendor involved in or affected by this action?

Yes No

8. POSITIONS OF FAMILY MEMBERS (PLEASE COMPLETE BOTH QUESTIONS 8A AND 8B BELOW)

Family members includes grand-parents, parents, spouses, siblings, children, grand-children, co-habiting partners, girlfriend/boyfriend relationships (collectively "Family Relationships"). The existence of a "Family Relationship" within the context of a business relationship creates a heightened risk of a potential conflict of interest, whether actual or perceived, which needs to be identified and appropriately managed.

A. Do any of your "Family Members" (defined above) hold positions/connections in any way, to the best of your knowledge, to any company which has/or is likely to have a business relationship with TP ICAP, or any of its affiliates (whether as a client, competitor, supplier, or any other capacity)?

Yes No
(if yes, provide details below)
Yes, no change, as previously disclosed.

B. Will you/or are you likely to deal with, to the best of your knowledge, a "Family Member" in any way in respect of performing your day to day duties in the course of your employment with TP ICAP?

Yes No
(if yes, provide details below)
Yes, no change, as previously disclosed.

Name of Individual:	Individual's Employment/Role:	Name of Entity/Nature of Business:	Relationship to You:

9. PERSONAL AND CONNECTED PERSON TRADING ACCOUNT(S)

Connected person includes spouse, his or (his spouse's) child or step-child, natural or adopted, under the age of 18 years (each an "immediate family member")

Do you have any personal account(s), including accounts of your connected person?

Yes No
(if yes, provide ALL details below)

**** Please note that you are required to disclose ALL details of your current and dormant personal and connected person trading account(s)****

Name(s) of account owner	Name of Bank/Broker	Account Number	Type of permissible investments (Stocks, Bonds, Collective Investment Scheme, Others (Please specify))	Discretionary Account? (Yes / No)

10. ANY OTHER MATTERS

Are you aware of any other matters or activities you may perform which may give rise to a potential conflict of interest/or provide the appearance of such, with your ability to carry out your duties in the course of your employment with TP ICAP?

Yes No
(if yes, provide
details below)

Details, if applicable:

Please proceed to PART 2

PART 2 – DECLARATION OF FIT & PROPER

INSTRUCTIONS:

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HONESTY, INTEGRITY & REPUTATION		If "Yes" provide details	
1.	Within the past 10 years, have you -		
(a)	been licensed, registered or approved to carry out any regulated activities in any jurisdiction?	Yes No	
(b)	been refused or restricted by any authorities to carry on any trade, business or profession in any jurisdiction?	Yes No	
(c)	been restricted to operate or subject to complaints, proceedings of disciplinary or criminal nature by any employers, professional body or government in any jurisdiction?	Yes No	
(d)	been dismissed or asked to resign from office, employment, a position of trust, or a fiduciary appointment or similar position, in any jurisdiction?	Yes No	
(e)	been disqualified from acting as a director or any managerial capacity in any jurisdiction?	Yes No	
(f)	been refused a fidelity or surety bond, in any jurisdiction?	Yes No	
2.	Have you -		
(a)	had any judgement, relating to fraud, misrepresentation or dishonesty entered against you or named a party to any pending proceedings which may lead to such a judgement in any jurisdiction?	Yes No	
(b)	accepted liability for fraud, misrepresentation or dishonesty under any law in any jurisdiction?	Yes No	

FINANCIAL SOUNDNESS			
3.	Within the past 10 years, have you -	If "Yes" provide details	
(a)	been or are unable to fulfill any of your financial obligations, in any jurisdiction?	Yes No	
(b)	been or are subject to a judgement debt or subject to bankruptcy petition or adjudicated a bankrupt, in any jurisdiction?	Yes No	
COMPETENCE & CAPABILITY			
4.	To help TP ICAP assess your competence and capability, please answer below:	PLEASE PROVIDE DETAILS WHERE NECESSARY	
(a)	Do you have satisfactory educational qualification, experience or past performance to perform your duties at TP ICAP?	Yes No Please provide details if you select "No"	
(b)	Are you assuming concurrent responsibilities, whether such responsibilities would give rise to a conflict of interest or otherwise impair your ability to discharge your duties in relation to any activity regulated by any appropriate regulatory body, under the relevant legislation?	Yes Please provide details if you select "Yes" No	
(c)	I confirm that I have read and understood the TP ICAP APAC Compliance Manual (Link) and APAC Compliance Policies - Super 16 (Link)	Yes No	
5.	ANY OTHER MATTERS		
(a)	Please provide any further comments/details below:		

DECLARATION

I affirm that the above information is accurate and complete as of the date hereof.

I understand that I am under an obligation during my employment to notify the firm as soon as reasonably possible of any changes to the information provided above and agree to advise the HR and Compliance Departments promptly if the information herein changes or becomes inaccurate.

Signature of Employee

(If made by electronic declaration, just type your name above)

Date (dd/mm/yyyy)

Name of Employee

Email

For completion by HR/Compliance (Business MD, as applicable)

If the form includes details of any relevant matters, these need to be referred to HR and Compliance for assessment, any recommendations and approval. If any matters are determined which may impact the individual's fit and proper assessment, these will be determined by HR/Compliance in conjunction with the Business MD, as applicable.

RECOMMENDATIONS/ACTIONS:

HR DEPARTMENT:

Signature: _____

Date: _____

Name: _____

COMPLIANCE DEPARTMENT:

Signature: _____

Date: _____

Name: _____

BUSINESS MD (IF APPLICABLE):

Signature: _____

Date: _____

Name: _____