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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms - Annex** |
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| **Annex AX08: CFDs and Forex Questionnaire** |
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| **High Level Guidelines** |
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| 1. **General**   This form, **Annex AX08:** **CFDs and Forex Questionnaire** (‘Annex’), shall be duly filled in by persons wishing to obtain authorisation from the MFSA to carry out financial services activities. This Annex shall be submitted as part of and in conjunction with the relevant Authorisation Application Form, as indicated therein.  This Annex primarily aims to capture relevant information in relation to the Applicant’s intention to carry out CFD / Forex related activities.  In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.  The Applicant is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The Applicant shall not tamper with, or modify in any manner, this Annex or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request from the Applicant further information/ documentation.   1. **Definitions**   Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the respective Application.   1. **Instructions**   In order for this Annex to be considered complete, the Applicant is required to complete all the respective sections under this Annex. It is noted that the information provided should reflect the Applicant’s structure and method of operations at time of authorisation.   1. **Privacy Notice**   The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>. |

| 1. Applicant Details | | |
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|  | **Applicant – Identification Details** | |
|  | Registered Name  *(if not yet Formed, provide proposed name)* | Enter text |
|  | Registered Number (*if applicable)* | Enter text |
|  | LEI Code  (*if applicable)* | Enter text |

| 1. Supplementary Requirements - CFDs/ Forex | | | |
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|  | | **Forex Related Activities** | |
|  | Indicate what best describes the type of forex related activity that the Applicant intends to carry out: | | |
|  | |  |  | | --- | --- | | 1. Market Maker/ Dealing on own account | Select item | | 1. Riskless Principal (i.e. the Applicant is to be involved in executing two matching trades (one with the client and one offsetting trade with another principal) entered at the same time and price, with the entity acting as counterparty to both transactions) | Select item | | 1. Direct Market Access Straight Through Processing (DMA STP) Broker | Select item | | 1. Provider of an Electronic Communication Network (ECN) | Select item | | | |
|  | Provide a comprehensive step by step overview of how the activities selected above will be undertaken in practice | | |
|  | Enter text | | |
|  | If the Applicant will act as a DMA STP Broker, will the agreements to be entered into with the Liquidity Providers be standardised? | | Select item |
|  | 1. If “*Yes”:* Provide details of the standard characteristics of the facility to be provided as well as an indication of the Liquidity Providers to be appointed (by name or characteristics): | | |
|  | Enter text | | |
|  | 1. If “*No*”: In certain instances, will the the Broker act as counterparty to client transactions (even if entering into back-to-back transactions)? | | Select item |
|  | If the Applicant will act as a DMA STP Broker or a provider of an ECN, provide details of the depth of market (DOM) anticipated to be offered by the Applicant’s facility (i.e. the anticipated number of liquidity providers on the facility). | | |
|  | Enter text | | |
|  | Indicate the nature of the forex contracts, including whether services will be provided in relation to rolling spot forex contracts. | | |
|  | Enter text | | |
|  | | **Online Trading Platform** | |
|  | Provide details regarding the online trading platform/s that will be used | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | 1. Online Trading Platform | | | | | Online Trading Platform Type | Select item | | | | Provide a general description on the online trading platform | Enter text | | | | *If not “Developed In-House”, provide the following details:* | | | | | System Name  (if applicable) | Enter text | | | | Service Provider Name | Enter text | | | | Business Email Address | Enter text | Business Direct Number | Enter text | | Is the system already in use by other regulated entities? | | | Select item | | *If “Outsourced” , provide:* | | | | | **Attachment | MFSA Annex – AX03** | | | | |  |  | | |   *(Add multiple as applicable)* | | |
|  | Will the company be offering auto trading software facilities? | | Select item |
|  | If “*Yes*”: Provide further detail on such software. | | |
|  | Enter text | | |
|  | | **Client Information** | |
|  | **Target Market** | | |
|  | Specify the target market of the Applicant for the usage of the online forex trades. | | |
|  | Enter text | | |
|  | **Client Funds** | | |
|  | Will the client deposit funds in an account with the Applicant or else with other authorised brokers? | | Select item |
|  | Will the clients’ funds be held by the Applicant? | | Select item |
|  | Will the Applicant create different accounts depending on the type of client and with different conditions and restrictions attached to each account? | | Select item |
|  | | **Additional Information** | |
|  | Will the Applicant have a dealing desk? | | Select item |
|  | Provide details regarding any leverage to be allowed and any restrictions to be imposed by the Applicant. | | |
|  | Enter text | | |