



AUTHORISED ADVISOR APPLICATION FORM

Please complete this application form and our admissions team will contact you shortly

Company Name: _____

Jurisdiction of Incorporation: _____

Registration Number: _____

Description of Business: _____

Website: _____

Address: _____

Email: _____

Phone: _____

Authorised Advisor

Listing Experience _____

No. of Employees _____

Professional Qualifications in Firm _____

I hereby declare that the above information is true and accurate to the best of my knowledge at the time of this declaration and I understand that any misleading information provided to First Nations Stock Exchange shall render this application void and null.

Signed

Date