

APPLICATION FOR ADMISSION AS ADVISOR

Company Name: _____

Date of Incorporation: _____

Place of Incorporation: _____

Registration Number: _____

No. Of Employees: _____

Industry: Legal Independent Expert
 Accounting Other: _____

Website: _____

Address: _____

Email: _____

Phone: _____

Description of Services: _____

Professional qualifications
in company _____

Does the company have a continuous professional development program? Please describe

What is the company's quality control policy and process?

Please list tertiary qualifications held by upper management of firm?

Contact details of three key employees:

Name	_____	Name	_____	Name	_____
Email	_____	Email	_____	Email	_____
Tel	_____	Tel	_____	Tel	_____

Declaration:

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. I further undertake that if I become aware of any information which would render the above information incorrect either at the time of the information being provided or thereafter, I will immediately notify First nations Stock Exchange.

Signed

Date