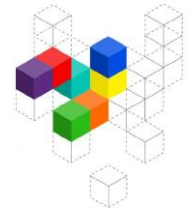


# Dematerialised Money Market Indirect Business Partner Application Form





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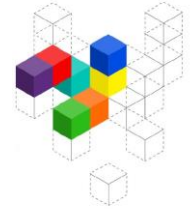
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**COMPLETED APPLICATIONS MUST BE RETURNED TO HEAD OF RISK:**

STRATE (PTY) LTD  
1ST FLOOR  
9 FRICKER ROAD  
ILLOVO BOULEVARD  
ILLOVO  
SANDTON  
2196

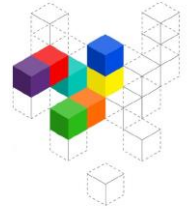
P O BOX 78608  
SANDTON  
2146

Email:- [dalec@strate.co.za](mailto:dalec@strate.co.za)



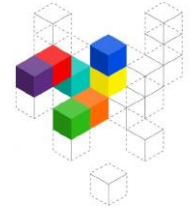
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**1. INSTRUCTIONS FOR COMPLETION OF THIS FORM**

- COMPLETE **ALL** RELEVANT SECTIONS.
- RESPONSES MUST BE TYPED OR WRITTEN IN CAPITAL LETTERS. WRITTEN SUBMISSIONS MUST BE IN INK.
- **ALL** SIGNATURES MUST BE ORIGINAL.
- **ALL** SUPPORTING DOCUMENTATION REFERRED TO IN THE VARIOUS SECTIONS MUST ACCOMPANY THE COMPLETED APPLICATION



**COMPANY NAME:**

a) Applying on behalf of yourself  or b) Applying on behalf of another   
 (In this event the entity above will be referred to as the Representative)

**2. APPLICANT DETAILS**

1.1. Organisational structure

Please provide a diagram detailing the shareholding of the applicant and, to the extent relevant, that of any parent/holding company.

1.2. Company Details

1.2.1. Name of Applicant (Full Registered Name)

1.2.2. Physical Address of Registered Office or Principal Place of Business and Postal details:

<b>Postal Code</b>	<b>Postal Code:</b>

1.2.3. Contact Personnel

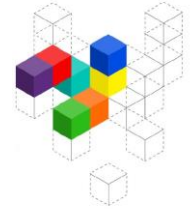
Full Name	Tel. Number	Mobile Number	Email Address

1.2.4. Country of Incorporation

1.2.5. Company Registration Number

1.2.6. VAT Number

1.2.7. SARS Income Tax Number



**3. ROLE SELECTION**

**Issuer** *(also complete Appendix A)*

**Trader**

**4. TRADER ROLE**

Who will report your institution's trade?

CSDP

Administrator

Name of trade reporting institution: .....

**5. BUSINESS PARTNER ACKNOWLEDGEMENT OF RESPONSIBILITIES**

The Applicant, and/or its Representative, as the case may be, hereby certifies that, to the best of its knowledge, the information given herein is complete and accurate in all respects.

The Applicant, and/or its Representative, hereby undertakes to advise the Chief Operating Officer of Strate of any change to the information provided herein within 21 days of such change.

The Applicant, and/or its Representative, agrees to hold Strate harmless against any claim brought by any party, including the Applicant or Representative, due to any incorrect information contained in this document.

It is the duty of the Representative to inform Strate if it is no longer acting on behalf of the Applicant.

It is furthermore recorded that the Applicant and Representative will be bound to the Strate Rules and Directives, as applicable.

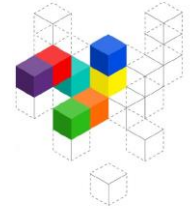
\_\_\_\_\_  
For and on behalf of the Applicant/Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



**6. APPENDIX A – ROLE & MESSAGE PROFILES - ISSUER**

**MM ISSUER PROFILES**

The MM Issuers must fill in the following sections of this document:

- **Section 1:** Business Partner Profile
- **Section 1B:** Issuer Profile – MM Instrument Types
- **Section 1C:** Issuer Profile – Issuer / Issuer Agent / Issuer CSD Participant Linking

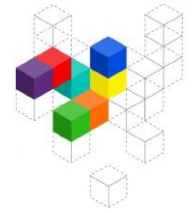
All shaded fields will be completed by Strate

Section 1: Issuer’s Business Partner Profile													
Organisation Name *													
Issuer BPID ( to be completed by Strate)	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>												

Section 1B: Issuer Profile – MM Instrument Types <sup>1</sup>		
Issuer Rating Agents		
<b>Category 1</b> MM Instrument Types ( <i>Please tick the appropriate Instrument Types</i> )	Bankers Acceptance – BA	
	Bills – BL	
	Commercial Paper Bills / Capital project Bills – CPB	
	Promissory Notes – PN	
	Treasury Bills – TB	
	Notes – NOT	
	Zero Bonds – ZB	
<b>Category 2</b> MM Instrument Types ( <i>Please tick the appropriate Instrument Types</i> )	Bridging Bonds – BB	
	Debentures – DEB	
	Negotiable Certificates of Deposit – NCD	
	Promissory Notes – PN	
	Notes – NOT	
<b>Category 3</b> MM Instrument Types ( <i>Please tick the appropriate Instrument Types</i> )	Notes – NOT	
	Linked Negotiable Certificates of Deposit – LNCD	
	Credit Linked Notes – CLN	
	Floating Rate Notes – FRN	

\* Mandatory fields to be completed.

<sup>1</sup> The Issuer must choose at least one Category of MM Instruments.



All shaded fields will be completed by Strate

(To be completed by Issuers Only for each Issuer Agent appointed)

Section 1C: Issuer's Profile (Linking Issuer :Issuer Agent : Issuer Participant)	
<b>To be completed for each Issuer Agent appointed</b>	<b>Codes or Account number / BP ID</b>
Issuer's Name*	
Issuer Agent Name *	
Issuer's Participant Name *	
Issuer Client Code *	
Securities Ownership Register - Account Number *	
Settling Bank Name *	
Branch Code *	
Bank Account Number	
<b>Category 1</b> MM Instrument Types which Issuer Agents authorised to issue (Please tick the appropriate Instrument Types) <sup>2</sup>	Bankers Acceptance – BA
	Bills – BL
	Commercial Paper Bills / Capital project Bills – CPB
	Promissory Notes – PN
	Treasury Bills – TB
	Notes – NOT
	Zero Bonds – ZB
<b>Category 2</b> MM Instrument Types which Issuer Agents authorised to issue (Please tick the appropriate Instrument Types) <sup>1</sup>	Bridging Bonds – BB
	Debentures – DEB
	Negotiable Certificates of Deposit – NCD
	Promissory Notes – PN
	Notes – NOT
<b>Category 3</b> MM Instrument Types which Issuer Agents authorised to issue (Please tick the appropriate Instrument Types) <sup>1</sup>	Notes – NOT
	Linked Negotiable Certificates of Deposit – LNCD
	Credit Linked Notes – CLN
	Floating Rate Notes – FRN

\* **Mandatory fields to be completed..**

<sup>2</sup> **The Issuer must fill at least one Category of MM Instruments.**