

By ticking this box and executing this Participant Application Form, the Participant agrees to comply with the terms of: (i) LME Incentive Programme General Terms; (ii) the specification for the Proprietary Liquidity Programme; and (iii) any terms that might be set out in this application form.

This form should be completed by the relevant Participant. Please ensure that the information provided is clear and correct. Any errors in the completion of this form and/or any accompanying documents or spreadsheets may delay the processing of this application form and the subsequent processing of incentive payments so please ensure this form is completed accurately. The completed form and any accompanying documents and/or spreadsheets should be returned by email to incentive.programmes@lme.com

The LME shall treat all Personal Data provided to it by the Member and the Participant in accordance with the LME Privacy Statement, the current version of which can be found on the LME's website at <https://www.lme.com/en-gb/about-us/legal-disclaimer/privacy-policy/>

PARTICIPANT DETAILS

Contact name*	<input type="text"/>
Company under which volume is to be accumulated*	<input type="text"/>
Telephone number	<input type="text"/>
Email*	<input type="text"/>
Primary trading location address	<input type="text"/>
FIX Tag 58*	<input type="text"/>
LME member through which the Participant will Trade*	<input type="text"/>
Unique application reference (from Excel doc)*	<input type="text"/>

*Please also add these details into the spreadsheet that accompanies this application form.

LME MEMBER'S COMPLIANCE DEPARTMENT

AUTHORISATION (to be completed and signed by the LME member's compliance officer)

Name of signatory:	<input type="text"/>
Job title:	<input type="text"/>
Company:	<input type="text"/>
Email address:	<input type="text"/>
Date (dd/mm/yyyy):	<input type="text"/>
Signature:	<input type="text"/>

LME CLEARING MEMBER DETAILS

AUTHORISATION (to be completed and signed by the Clearing Member)

Name of signatory:	<input type="text"/>
Job title:	<input type="text"/>
Company:	<input type="text"/>
Email address:	<input type="text"/>
Date (dd/mm/yyyy):	<input type="text"/>
Signature:	<input type="text"/>

Please return the completed form and any accompanying documents and/or spreadsheets via email to incentive.programmes@lme.com

LME MEMBER DETAILS (NB where the executing broker and the Clearing Member are the same entity, you need only complete the Clearing Member section, but the compliance department of the LME member must always complete their section of this form)

Executing broker and Clearing Member are the same

LME EXECUTING BROKER DETAILS

AUTHORISATION (to be completed and signed by the executing broker) Name of signatory:

Job title:	<input type="text"/>
Company	<input type="text"/>
Email address:	<input type="text"/>
Date (dd/mm/yyyy):	<input type="text"/>
Signature:	<input type="text"/>