**New Vendor/User Application Form for Shenzhen Market Data**

V2020

|  |  |
| --- | --- |
| **Company Name in English and in Chinese (if any)** |  |
| **Submission date** |  |

**Application will not be processed until all information required as below is provided.**

|  |  |  |
| --- | --- | --- |
| Vendor/USER  |  |  |
| ***List of Information Item*** | ***Requirements on Submission*** | ***Check box*** |
| 1. Core business and company profile
 | *Please provide details on core businesses service, the place of incorporation and other corporate information about the applicant company* |  |
| 1. Business registration certificate
 | *Provide copy of the certification of incorporation and the business registration issued by the Authority of the country where the applicant company was incorporated.* |  |
| 1. Shareholders’ equities or capital
 | *Provide information with proofs on latest shareholders' equities or capital of the applicant company.* |  |
| 1. Organizational structure with holding companies and subsidiaries with % of ownership shown.
 | *Provide organization chart showing member companies associated with the applicant company with annotation on percentage of shares holding.**Please indicate if any of your member company is also a trading participant of SZSE.* |  |
| 1. Affiliates list
 | *Please provide the list of affiliates with no less than 50% share controlled which will be covered under the license.* |  |
| 1. Annual reports & financial statements
 | *Provide a copy of the latest annual reports and financial statements of the applicant company, and/or the holding company.* |  |
| 1. Vendor/Licensee contact (update) form
 | *Please provide the main contact on business, reporting, billing and technical issues.*  |  |

**Vendor / Licensee Contact Update Form**

|  |  |
| --- | --- |
| Company Name |  |
| Company Address |  |
| Type of Data License | Real time, or delayed or EOD data, or Non-Display Usage |

1. **Business Contact**

|  |  |
| --- | --- |
|  | **Primary Contact** |
| Name | ☐Mr. / ☐Ms.  |
| Title |  |
| Department |  |
| Phone |  |
| Email |  |
| Address |  |
|  | **Secondary Contact** |
| Name | ☐Mr. / ☐Ms.  |
| Title |  |
| Department |  |
| Phone |  |
| Email |  |
| Address |  |
| **Email to receive notices related to commercial and compliance from SSIC** |  |

1. **Billing Contact**

|  |  |
| --- | --- |
| Name | ☐Mr. / ☐Ms.  |
| Title |  |
| Department |  |
| Phone |  |
| Email |  |
| Address |  |
| Payer Name | If different from the company name |
| Invoice Attention |  |
| Billing Address |  |

1. **Reporting, Technical Contacts**

|  |  |  |
| --- | --- | --- |
|  | Reporting Contact | Technical Contact |
| Name |  |  |
| Title |  |  |
| Department |  |  |
| Phone |  |  |
| Email |  |  |
| Address |  |  |

|  |  |
| --- | --- |
| Submission Date by Vendor/Licensee |  |