



## DME Auction Participant Questionnaire

1. Full legal name of Company: \_\_\_\_\_

2. Principal place of business address: \_\_\_\_\_

\_\_\_\_\_

3. Mailing address (if different from above): \_\_\_\_\_

\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Key contacts:

a) Please provide details of Nominee (a nominated Representative(s) to be available to deal with any query or issue raised by the Auction Platform):

Full legal name	Address	Phone	email

b) Please provide details of Participants:

Full legal name	Address	Phone	email

c) Please provide the full billing details for the DME Auction Fee:

Name	Position	Address	Phone	email



6. Supporting documentation:

- Reference letter from a Tier 1 bank; and
- Last two audited annual financial statements; and
- Certified copies of government issued ID for Nominees and Participants listed in part 5; and
- Relevant US IRS form (W9 or W8 form).

7. Submission:

The undersigned below is / are duly authorized

- to submit the following application on behalf of the Company; and
- to agree to be bound by the DME Auctions Rulebook; and
- to pay all fees incurred by participation in DME Auctions; and
- to execute the Participant Agreement.

Signed by:

Signed by:

Position:

Position:

Date:

Date:

Signature:

Signature:

Please return the duly completed form along with executed Participation Agreement and all supporting documentation to [auctions@dubaimerc.com](mailto:auctions@dubaimerc.com). Only complete applications will be reviewed and considered.