

DME Auction Participant Questionnaire

1. Full legal name of Applicant Company: _____
2. Principal address of business: _____

3. Mailing address (if different from above): _____

4. Telephone Number: _____
5. **If the Applicant is an existing DME participant** please provide the DME trading account number(s):

6. **If the Applicant is an existing SOMO customer**, with credit lines, please provide details of any trading entities with a direct credit line from SOMO:

7. **If the Applicant is NOT an existing DME participant**, please provide a copy of the trade license for the proposed participating entity.

8. Key contacts:

- a) Please provide details of nominee(s) (nominated representative(s) who will be available to deal with any query or issue raised by the Auction Platform):

Full legal name	Address	Telephone	email

- b) Please provide details of Auction Participants:

Full legal name	Address	Telephone	email

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

Name	Position	Address	Telephone	email

9. Submission:

The undersigned are duly authorized

- to submit the completed Questionnaire on behalf of the Company; and**
- to bind the Company to the DME Auctions Rulebook; and**
- to bind the Company to pay all fees incurred in participating in DME Auctions; and**
- to bind the Company to the [General Participant Terms and Conditions](#).**

Signed by: _____ (authorized signatory)

Position: _____

Date: _____

Signature: _____

Please return the completed Questionnaire, and any supporting documentation, to auctions@dubaimerc.com. Only complete Questionnaires with all required documents will be reviewed and considered.