



ASSOCIATE MEMBER

APPLICATION REQUIREMENTS

INSTRUCTIONS

1. Please read the Terms and Conditions carefully.
 2. Complete the Membership Application, attaching any required documents along with the application.
 3. Please send this application form to one of the GCX office addresses listed in the last page. You will be notified once your application is received.
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KEY NOTES

1. Approval of Membership Application will take fifteen (15) working days from the day that all the required documents are received by the GCX Membership Manager.
 2. Once the membership application is approved, the applicant will be required to undertake a Membership Training, after which the applicant shall be entitled to the following:
 - **A GCX membership number**
 - **A GCX ID Card**
 - **A GCX Certificate**
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TERMS AND CONDITIONS FOR MEMBERSHIP AT THE GCX

An **Associate Member(AM)** is a:

- a. Special membership for small holder famers and traders
 - b. Can buy or sell for self only two non-complex commodities (Maize, Rice, Soya, Millet, Sorghum)
 - c. Can settle commodities for self only
 - d. Trading right for twelve (12) months only after which upgraded to TM or BM.
1. An **ASSOCIATE** applicant shall submit this application form along with proof of the following requirements, (duly attested by the applicant), which are a part of the membership criteria:
 - a. Business registration certificate
 - b. Tax clearance certificate (TIN number)
 - c. Residential address/postal address
 - d. National ID Card (e.g. Voters registration/Passport/other)

- e. Signed GCX Risk Disclosure form
 - f. GCX Basic membership training certificate
 - g. At least one (1) Floor representative
2. A Sign on and Processing Fee as specified herein the application form. In the case that this processing fee is not paid, GCX reserves the right to reject this Membership Application.
 3. GCX reserves the right to accept or reject any Membership Application, or amend the Terms and Conditions without assigning any reason whatsoever.
 4. Membership shall be subject to renewal every year on GCX applicable terms.

PROPOSED 2018 GCX MEMBERSHIP FEES - Subject to approval/renewal by GCX Board and Market Council

Trader Type	Admission Fee (One Off Payment) <u>GHC</u>	Annual Renewal Fee <u>GHC</u>	Membership Application Processing Fee <u>GHC</u>
Associate Member	≤ 20 Members - GHC 500	250	20
	≥ 50 Members – GHC600	300	20
	≥ 100 Members – GHC 1,000	500	20

GCX MEMBERSHIP APPLICATION FORM

TYPE OF TRADER

Instructions: Please tick the appropriate Type of Trader that you are.

International <input type="checkbox"/>	Regional Trader <input type="checkbox"/>	National Trader <input type="checkbox"/>
Large-Size Cooperatives (more than 100 members) <input type="checkbox"/>		
Medium Size Cooperatives(more than 50 members) <input type="checkbox"/>		
Small-Size Cooperatives (Less than 20 members) <input type="checkbox"/>		

TYPE OF INDUSTRY

Instructions: Please tick the industry that best matches your industry type. Please place only one checkmark, or provide your own industry type in the "Other" field.

Financial Institution <input type="checkbox"/>	Processor <input type="checkbox"/>	Farming Cooperative <input type="checkbox"/>
Commodity Buyer <input type="checkbox"/>	Warehouse Operator <input type="checkbox"/>	Collateral Manager <input type="checkbox"/>
Agro-Inputs Supplier <input type="checkbox"/>	Fumigation Firm <input type="checkbox"/>	Insurance Firm <input type="checkbox"/>
Transport <input type="checkbox"/>	Farmer <input type="checkbox"/>	Other: _____

GCX MEMBERSHIP APPLICATION FORM

ASSOCIATION DETAILS

Name of Association:

Physical Address:

City:

Country:

Region:

Telephone:

Email:

No. of Members:

Website:

Commodity Buyer or Seller

Trading Capacity(in KG):

Trading Frequency(weekly, monthly, etc):

ABIDANCE BY GCX RULES AND REGULATIONS

If accepted, do you agree to abide by the Rules and Regulations of the GCX?

Yes

No

Please give the following details:

No.	Particulars	Yes	No
1.	Have you ever been pronounced guilty of a criminal offence involving moral turpitude?		
2.	Have you ever been adjudged bankrupt or have been proved to be insolvent at any time?		
3.	Have you ever been involved in litigations, suits, or proceedings or have been involved in any financial liability of contingent or unascertained nature?		
4.	Have you ever been at any time convicted of an offence involving fraud or dishonesty of financial irregularities?		
5.	Has any disciplinary action been taken by any commodity/ stock exchange against you or any other partner/director/promoter/shareholder or employee of yours?		
6.	Have you ever been denied/ rejected membership of any commercial organization /commodity or stock exchange? If yes, when?		
7.	Have you ever had a provisional liquidator or receiver or official liquidator appointed by a competent court against you?		
8.	Have you committed any act against law which may render you liable to be wound-up?		
9.	Have you ever been expelled / suspended / declared a defaulter on any other commodity Stock exchange or have been debarred from trading in commodities/ securities by any Regulator like Security and Exchange Commission?		

10.	Is there any court case pending against a shareholder / director / employee?		
11.	Have you been declared/ rendered incompetent to enter into contract under any law in force in Ghana?		
12.	Name of your authorized representative(s), who shall be responsible to the Exchange to ensure Compliance of different provisions of the law and procedures?		
13.	Which commodities are you interested in?		

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting we are aware that we may be held liable for it.

We undertake that any misstatement or misrepresentation or suppression of facts in connection with this application for membership or breach of any undertaking or condition of admission to membership may entail rejection of our application or expulsion of our membership.

Signature:	
Name:	
Designation:	
Date:	

Please complete the form and submit it to:

The Membership, Outreach and Communications Manager

GCX,

Ministry of Business Development,

1st Floor Room 11- Ridge Accra

Phone: +233 – 302- 937677 or 0204 863 874

Email: info@gcx.com.gh

Website: www.gcx.com.gh



FLOOR REPRESENTATIVE FORM

(Please complete this form carefully and in BLOCK LETTERS).

First Name:	Last Name:	Other:
Mobile:	Email:	
Residential Address:		
Name of Member Represented:		

REQUIREMENTS

(Please attach the following details to the completed form before submission).

- C.V
- Valid I.D
- Passport Pix.
- Must Be Computer Literate(very important)

Signature of Representative

Consent of Member Represented

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Date...../...../.....

Date...../...../.....