



Attachment 1: Application for Grant of Liquidity Provider Status (Form 01/VL)

Applicant: _____

Date lodged: _____ Date received: _____
(completed by Exchange)

**APPLICATION
FOR LIQUIDITY PROVIDER STATUS
AT LJUBLJANA STOCK EXCHANGE INC.**

The following member firm is hereby applying to become a liquidity provider, in accordance with the Ljubljana Stock Exchange Inc. Rules:

1. Applicant firm: _____

2. Registered office address: _____

3. LEI: _____

4. Firm Management Board: _____

5. Desired date of status grant: _____

6. Term of liquidity provider position: _____

7. Securities subject to the liquidity provider status (1 or more):

	Security code (symbol)	Security issuer firm
1.		
2.		
3.		
4.		

8. Criteria to be met during liquidity provision:

9. Documentation:

The applicant is enclosing the list of services the member firm will be offering the issuer, aside from providing liquidity.



10. Liquidity provider's commitment:

By signing this application, the applicant hereby commits to, in the event of being granted the liquidity provider status on the basis of a resolution adopted by the Exchange Management Board, to abide by and enforce all provisions of the Rules, as well as general bylaws issued on their basis, and any changes and supplements thereof.

Agent of applicant:
(name of agent)

.....
(signature of agent and seal of applicant)