

First North Growth Market: Certified Adviser Application

The [Rules](#) enter into force upon the Entity being approved by the Exchange. The Entity undertakes to comply with the Rules in force at First North Growth Market at any point in time.

Record Id:

GENERAL COMPANY INFORMATION

Entity Name of Certified Adviser *

Legal Company Name, if name is not the same as legal name

Legal Group Name, if the Company belongs to a group

Address 1 *

Address 2

City *

Province

Postal/Zip Code

Country *

EU Home Member Country, if other than the country of the listing in the application

Telephone *

Website *

Listing Venue Information

In which market would the Company like to become a Certified Adviser on First North Growth Market: * Finland (operated by Nasdaq Helsinki Oy)

- Sweden (operated by Nasdaq Stockholm AB)
- Iceland (operated by Nasdaq Iceland HF.) **
- Denmark (operated by Nasdaq Copenhagen A/S)

Please select any additional markets where entity is applying to become a Certified Adviser: Finland (operated by Nasdaq Helsinki Oy)

- Sweden (operated by Nasdaq Stockholm AB)
- Iceland (operated by Nasdaq Iceland HF.) **
- Denmark (operated by Nasdaq Copenhagen A/S)

**Does not have the First North Growth Market Status.

[i](#) Contacts

Please provide contacts for the purposes of processing this form. In addition, Nasdaq recommends that you share access to this form with at least one other company or legal representative by entering their email address on our [Share Your Form](#) page.

Certified Adviser

Additional Certified Adviser

Additional Certified Adviser

Name	<input type="text"/>	*	<input type="text"/>	*	<input type="text"/>
Title/Firm	<input type="text"/>		<input type="text"/>		<input type="text"/>
Email	<input type="text"/>	*	<input type="text"/>	*	<input type="text"/>
Telephone	<input type="text"/>	*	<input type="text"/>	*	<input type="text"/>
Cell Phone	<input type="text"/>	*	<input type="text"/>	*	<input type="text"/>
Primary Contact	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Billing Contacts

Please provide the Company's billing address, if the address is different than the Company Address provided above.

Check here, if billing address is the same.

Billing Address 1	<input type="text"/>	*
Billing Address 2	<input type="text"/>	
Billing City	<input type="text"/>	*
Billing State/Province	<input type="text"/>	
Billing Postal Code	<input type="text"/>	*
Billing Country	<input type="text"/>	▼ *
VAT-number (EU Countries Only)	<input type="text"/>	

Please provide contact information for someone within your Company's Finance department.

Billing Contact

Name	<input type="text"/>	*
Title	<input type="text"/>	*
Email	<input type="text"/>	*
Telephone	<input type="text"/>	*
Fax	<input type="text"/>	

SUPPORTING DOCUMENTS AND CONFIRMATIONS

Prior to approval, Nasdaq will require the following supporting documentation. These documents should be submitted electronically.

- Annual Report
- Articles of Association
- Certificate of Incorporation
- CV of Designated Contact Persons
- Documents regarding internal trading rules
- Description of the organization and routines established to eliminate conflicts of interest
- Organizational chart
- Acceptance form for the use of personal data

Please submit also information that is relevant for the fit and proper assessment.

Select documents using the "Browse" button. To attach multiple documents, hold CTRL key while making the selection. Documents should be provided using one of the following formats: **MS Word, MS Excel, CSV, JPEG, EPS or PDF.**

Certified Adviser Affirmation

Name *

Title/Firm *

Date *

Initial Here

*

I am the person indicated above with legal authority to provide information on behalf of the Company's Certified Adviser, and I hereby confirm that the Certified Adviser undertakes to comply with the Nasdaq First North Growth Market Rulebook at any point of time.

Form Created By: on ; Form Last Updated By on , Form Owned By:

* Indicates a field required for submission.