



# Membership Application

## CORPORATE

Please complete this application  
form and submit it to:

Jackie Harrison  
+44 (0)20 7369 1633  
[membership@balticexchange.com](mailto:membership@balticexchange.com)

Baltic Exchange  
38 St Mary Axe  
London EC3A 8BH



# COMPANY DETAILS 1

Please enter your company details here:

Full company name \_\_\_\_\_  
\_\_\_\_\_  
Name for directory listing \_\_\_\_\_  
Place of registration \_\_\_\_\_  
Date of registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Registration number \_\_\_\_\_  
VAT no \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_  
Postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Company email address \_\_\_\_\_  
Switchboard number \_\_\_\_\_  
Website \_\_\_\_\_

Enter details for the main company applying for membership, even if you are located in a different office.

The name given for your directory listing will be used for your company listing in the Baltic membership directory.

VAT is charged where applicable.

eg. info@domain.com  
(not a personal email address)

Please indicate the nature of your business:

Broker  
Charterer  
Exclusive manager  
Shipowner  
Trader  
Other (please specify) \_\_\_\_\_

SHIPOWNERS, TRADERS and CHARTERERS trade on their own account. BROKERS do not trade on their own account but arrange transactions between principals. OTHERS includes; legal, financial and insurance firms etc..

Please indicate if your company is active in the FFA market

# DIRECTORS/SHAREHOLDERS 2

Please list the names and details of the company's directors and their shareholders.

If your company is a listed entity with publicly available shareholder information, tick here and skip to Section 3.

**Director or shareholder 1 Title**

(Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
% shareholding \_\_\_\_\_

**Director or shareholder 2 Title**

(Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
% shareholding \_\_\_\_\_

**Director or shareholder 3 Title**

(Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
% shareholding \_\_\_\_\_

**Director or shareholder 4 Title**

(Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
% shareholding \_\_\_\_\_

## PROPOSER & SECONDER 3

Applications must be endorsed by two current **members**. Please enter details of your sponsors here so that the Baltic can request their endorsement by email.

### Proposer

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
Company \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email address \_\_\_\_\_

### Seconder

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
Company \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email address \_\_\_\_\_

Your PROPOSER and SECONDER must be individual members and not employed at the Baltic Exchange. Please contact the Baltic for assistance identifying current members.

## INSURANCE 4

*(to be completed by shipbrokers only)*

It is recommended that shipbroking members hold insurance cover against claims for errors and omission and breaches of warranty or authority at a level appropriate to the style, scope and scale of their business. Cover can be obtained through an insurance policy, a protection and indemnity club or the Chartering Brokers Mutual Insurance Association.

Do you have insurance for your shipbroking activities?

Yes

No

If 'No', tick here if you would like to be contacted by ITIC about insurance cover.

## MEMBERSHIP 5

To identify your band of membership, please identify which of the tiers below captures all employees in all offices that will work with Baltic information and other Baltic services.

Number of employees and number of office locations:

Up to 4 people / up to 1 office

Up to 9 people / up to 2 offices

Up to 19 people / up to 3 offices

Up to 49 people / up to 4 offices

Unlimited people and offices - please indicate how many offices here: \_\_\_\_\_

Your subscription is based on the number of employees using Baltic Exchange services within their work as well as the number of locations that they are working from.

For further details on subscription band fees please contact the Baltic Exchange at [marketing@balticexchange.com](mailto:marketing@balticexchange.com).

## DATA LICENCES 6

Do you require access to freight market information?

No

Level 1

Level 2

Additional subscriptions for Level 2 users

Do you require an FTP/XML data feed? (Level 2 only)

Do you require a Settlement Licence? (Level 2 only)

LEVEL 1 includes: Fixture lists, weekly reports and headline index values (E.g.; BDI, BPI and BDTI) but no individual routes, time charter averages or forward market data.

LEVEL 2: Includes Level 1 data plus; individual route benchmarks for Dry, Wet, Gas, S&P, Vessel Recycling and containers as well as forward curves, volumes and settlement data access.

FTP/XML DATA FEED: Direct feed of all Baltic data to your back office system.

SETTLEMENT LICENCE: Trading entities that reference Baltic data in contracts (e.g. index linked fixtures), must either hold a Baltic settlement licence or; use a clearing house or; a panel broker that is relevant to that market segment (Dry Cargo, Tanker or Gas) until contract expiry.

For further details on subscription band fees please contact the Baltic Exchange at [marketing@balticexchange.com](mailto:marketing@balticexchange.com).

# PRIMARY CONTACT DETAILS 7

Please use this section to nominate employees from your company to become named Baltic members:

I am registering as a: Principal Member Representative Member

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_

Family name \_\_\_\_\_

Given name \_\_\_\_\_

Known as \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job title \_\_\_\_\_

Department or desk function \_\_\_\_\_

Direct telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Private work email address \_\_\_\_\_

Desk email address \_\_\_\_\_

Company name (if different to section 1) \_\_\_\_\_

Office address (if different to section 1) \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Country \_\_\_\_\_

**Optional information**

Personal email address \_\_\_\_\_

IM handle \_\_\_\_\_

Career history

1. Dates \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

2. Dates \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

PRINCIPAL MEMBERS are senior members of your team (e.g. a Head of Desk or Director). All others should register as REPRESENTATIVE

Your PRIVATE WORK EMAIL (i.e. not hotmail, gmail or a generic desk address) will be required to access the Baltic app.

An IM HANDLE may include Skype, ICE, WeChat etc..

\*Further copies of this form can be found in Appendix 8A on page 9 for additional employees.

# GENERAL DECLARATION 8

(to be completed by all applicants)

By signing below, you agree to be bound by:

## 1. Baltic Exchange Terms & Conditions

Please note that periodically, you will be asked to agree to Baltic Exchange Terms & Conditions, such as prior to the first time you login to balticexchange.com.

## 2. Baltic Exchange Data Policy

All Baltic Data is copyright of the Baltic Exchange Ltd. Use of Baltic data within your company is governed by your subscription type which is defined as Level 1, Level 2 and Settlement Licence. Full details can be found at [www.balticexchange.com/data-policy](http://www.balticexchange.com/data-policy)

## 3. The Baltic Rules and Code

At all times within their business dealings, Baltic members must adhere to The Rules of the Baltic Exchange which include a code of ethical conduct known as "The Baltic Code". Any company found not to be complying with the Code, risks being 'Posted'.

## 4. Consent for Data Collection and Use

I authorise the Baltic Exchange to collect and use the information I have provided, and to share such information within the Baltic's group of companies and such third parties with which the Baltic may have relevant service arrangements, for internal statistical research, and for marketing and any reasonable ancillary purposes, including for the purpose of facilitating the Baltic Exchange's provision of products and services to me. I agree to receive notifications/calls/texts from the Baltic Exchange on such products and services.

The Baltic Exchange is committed to protecting your personal data. If you wish to withdraw or amend any consent or information that you have provided, or any part of your position information or consent, please make this request to [membership@balticexchange.com](mailto:membership@balticexchange.com).

Please refer to the documents in full on the Baltic Exchange website:

Baltic Exchange Terms & Conditions  
<https://www.balticexchange.com/en/site-services/terms-and-conditions.html>

Baltic Exchange Data Policy  
<https://www.balticexchange.com/en/site-services/data-policy.html>

Baltic Code  
<https://www.balticexchange.com/en/who-we-are/the-baltic-code.html>

Any deviation from any of the policies presented requires written permission from the Baltic.

Tick here to confirm that you agree with the terms above

Full name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are filling out this form digitally on an Adobe Reader, please sign using the secure Digital ID. We also accept handwritten and scanned versions of this form.





Please use this form to nominate additional Baltic members:

Register me as a  Principal Member  Representative Member

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_

Family name \_\_\_\_\_

Given name \_\_\_\_\_

Known as \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job title \_\_\_\_\_

Department or desk function \_\_\_\_\_

Direct telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Private work email address \_\_\_\_\_

Desk email address (if applicable) \_\_\_\_\_

Company name (if different to section 1) \_\_\_\_\_

Office address (if different to section 1) \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Country \_\_\_\_\_

**Optional information**

Personal email address \_\_\_\_\_

IM handle \_\_\_\_\_

Career history

1. Dates \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

2. Dates \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

PRINCIPAL MEMBERS are senior members of your team (e.g. a Head of Desk or Director). All others should register as REPRESENTATIVE

Your PRIVATE WORK EMAIL (i.e. not hotmail, gmail or a generic desk address) will be required to access the Baltic app.

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