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Bond CCP & Repo Reporting Reform Project Market End-to-End Testing Participant Sign-off Sheet

Date	
Institution	
Participant type	[Clearing Member / Trading Member / Primary Dealer / CSDP / Information Subscriber / Other]
Environment	CTS

I, the undersigned, confirm that the above-mentioned institution has completed the applicable Market End-to-End testing activities in the CTS environment. This sign-off is provided by the institution's Compliance Officer or an authorised representative, who confirms that the institution has performed and/or reviewed the applicable testing activities and is satisfied with the test outcome, subject to any exceptions recorded below.

Testing performed

Tick	Testing area / activity	Applicable
☐	ETP bond trade execution and validation of trade receipt in relevant participant systems.	☐ Yes ☐ N/A
☐	Eligible cleared Reported bond trade via Nutron API/Front-end processing.	☐ Yes ☐ N/A
☐	Trade cancellation processing.	☐ Yes ☐ N/A
☐	Nutron API message consumption and API flows.	☐ Yes ☐ N/A
☐	Trade lifecycle events, trade status updates and status intimations.	☐ Yes ☐ N/A
☐	Settlement lifecycle processing, including trade commitment and back-to-back linking.	☐ Yes ☐ N/A
☐	End-of-day processing and balancing against JSE Clear outputs.	☐ Yes ☐ N/A
☐	Margin, fees, reporting and reconciliation.	☐ Yes ☐ N/A
☐	Regression testing for Cash Bonds Reported Market and/or Interest Rate Derivatives Market.	☐ Yes ☐ N/A
☐	Business-as-usual scenarios	☐ Yes ☐ N/A
☐	Classic Repo and/or Triparty Repo, where selected by the participant.	☐ Yes ☐ N/A

Exceptions / open items

Please record any exceptions, failed scenarios, dependencies or outstanding items that qualify this sign-off:

No.	Exception / open item / reference
1	
2	
3	

Non-Executive Directors: Dr HA Nelson† (Chairman), S Chetty†, MH Randall, TW Spanner†, K van Rensburg

Executive Directors: A Comninos (CEO)

Company Secretary: GA Brookes

† Independent

Sign-off declaration

I confirm that I am the Compliance Officer or an authorised representative of the institution and am duly authorised to provide this sign-off on behalf of the institution.

Name	
Capacity	
Compliance Officer / Authorised Representative	☐ Compliance Officer ☐ Authorised Representative
Signature	
Date	

Kindly return the completed form to the JSE Customer Support team at CustomerSupport@jse.co.za.