

Listing Application for Companies Seeking to List on First North Growth Market

Record Id:

GENERAL COMPANY INFORMATION

| | | |
|---|----------------------|---|
| Name | <input type="text"/> | * |
| Legal Company Name, if name is not the same as legal name | <input type="text"/> | |
| Legal Group Name, if the Company belongs to a group | <input type="text"/> | |
| Address 1 * | <input type="text"/> | |
| Address 2 | <input type="text"/> | |
| City * | <input type="text"/> | |
| Province | <input type="text"/> | |
| Postal/Zip Code | <input type="text"/> | |
| Country * | <input type="text"/> | ▼ |
| EU Home Member Country, if other than the country of the listing in the application | <input type="text"/> | ▼ |
| Telephone | <input type="text"/> | * |
| Website | <input type="text"/> | * |
| Registration Number | <input type="text"/> | * |
| LEI code (Legal Identity Identifier) | <input type="text"/> | * |
| Name of the Company's News Distributor | <input type="text"/> | * |

Listing Venue Information

Will the First North Growth Market be the Company's primary listing market? * Yes No

If no, please provide the name of the primary listing market.

On which segment of the exchange is the Company seeking to list its shares? First North Growth Market First North Premier Growth Market

In which country would the Company like for its financial instruments to be listed: * 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)

Would the company like to list for its financial instruments in more than one Nordic country? * Yes No

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

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.

| | Company Contact | Certified Adviser Contact | Other | Additional Certified Adviser Contact |
|-----------------|--------------------------|---------------------------|--------------------------|--------------------------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Title/Firm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cell Phone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Primary Contact | <input type="checkbox"/> | <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"/> |

BOARD MEMBER INFORMATION

Please provide each board member's name, date of birth, position, and time on the board. In addition, please indicate whether each board member is independent from the owner and from the company, as defined in the applicable Corporate Governance Code.

| <u>First Name</u> | <u>Last Name</u> | <u>Date of Birth</u> | <u>Position</u> | <u>Time on the Board</u> | <u>Owner Independence</u> | <u>Company Independence</u> |
|-------------------|------------------|----------------------|-----------------|--------------------------|---------------------------|-----------------------------|
|-------------------|------------------|----------------------|-----------------|--------------------------|---------------------------|-----------------------------|

There are no items to display

EXECUTIVE MANAGEMENT INFORMATION

Please provide each executive management member's name, date of birth, position, time in current position, and time with the company. In addition, please indicate whether the person is employed by the company.

| | | | | | | |
|----------------------------|---------------------------|-------------------------------|--|---|----------------------------------|---|
| First Name | Last Name | Date of Birth | Current Title/Position | Years in Current Position | Years in Company | Employed by the Company |
|----------------------------|---------------------------|-------------------------------|--|---|----------------------------------|---|

There are no items to display

STOCK INFORMATION

Preferred First Trading Date *

Date/Time of the issuer's request of admission to trading : * Time Zone:
 *

| | Issue 1 | Issue 2 | Issue 3 |
|---|---------------------------------|-------------------------------|-------------------------------|
| Name i | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| Long Name i | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| Symbol (Trading Code) i | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| Class i | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| ISIN | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| FISN | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| CFI | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| Number of Shares | <input type="text"/> * | <input type="text"/> | <input type="text"/> |
| Trading Currency | <input type="text" value=""/> * | <input type="text" value=""/> | <input type="text" value=""/> |

COMPANY DESCRIPTION CHECKLIST

| Information | Pages in the Company Description |
|--|----------------------------------|
| Description of the Company, including the business model, organization, competitive situation, most significant markets, most significant risk factors and the reasons for the decision to apply for admission to trading | <input type="text"/> |
| The Company's annual reports or financial statements for the last two years, where applicable as well as the general financial trend over the last two years | <input type="text"/> |
| Financial report (for example a quarterly or semi-annual report) prepared in accordance with IFRS (First North Premier Growth Market applicants only) | <input type="text"/> |
| The Company's most recent financial report | <input type="text"/> |
| Description of the Board of Directors and management of the Company | <input type="text"/> |
| All information about historical, or on-going, bankruptcy, liquidation or similar procedure and also fraud related convictions or on-going procedures in which any person in the management and/or board of the Company has been involved. The historical information shall cover at least the five previous years | <input type="text"/> |
| Description of significant contracts/patents, etc. | <input type="text"/> |
| Description of the ownership structure, including any shareholdings in the Company held by the Board of Directors, senior management and Certified Adviser | <input type="text"/> |
| Description of any share-based incentive programs | <input type="text"/> |
| Description of any transactions with persons discharging managerial responsibilities in the Company, board members, affiliates to such persons, major owners or another company within the same group as the applicant | <input type="text"/> |
| The date of the first annual general shareholder meeting following the application as well as the scheduled date for first publication of the audited or unaudited annual earnings figures or half-yearly report following such application, as the case may be | <input type="text"/> |
| The identity of the Certified Adviser and any liquidity provider retained by the Company | <input type="text"/> |
| All relevant information about the shares to be traded, including the Company's articles of association, information on the Company's share capital and breakdown by share class | <input type="text"/> |

Other relevant information depending on the specific circumstances, such as tax, litigation, etc.

If a company does not possess documented earnings capacity, an explanation stating whether the Company possesses sufficient financial resources in order to be able to conduct the planned business for at least twelve months after the first day of trading. It shall also be made clear when the Company expects to be profitable and how the Company intends to finance its operations until such time.

First North Growth Market disclaimer

Liability Statement of the Board of Directors

SUPPORTING DOCUMENTS AND CONFIRMATIONS

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

- Articles of Association
- Audited Report (First North Premier Growth Market applicants only)
- Certificate of Distribution Shares Form
- Certificate of Incorporation
- Completed Sanctions Screening information request form (including group structure chart)
- Copy of agreement with Liquidity Provider, if one has been retained by the Company
- Copy of the Company's Information policy
- Industry Classification Benchmark Form
- Prospectus/Company Description
- Signed copy of the Agreement between the Company and the Certified Adviser

[Company Logo Authorization](#) Form must be completed at the time of application for listing.

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**.

AFFIRMATION

Both a representative of the Company and its Certified Adviser must affirm this form. While either party may submit this form, both sections of the affirmation must be completed before the system will allow the application to be submitted.

Company Affirmation

Name *

Title/Firm *

Date *

Initial Here *

I have been authorized by the company and have the legal authority to apply for the listing of the instruments included above and to provide information on the company's behalf; to the best of my knowledge and belief, the information provided is true and correct as of this date; and I will promptly notify Nasdaq of any material changes. The company undertakes to comply with the Nasdaq First North Growth Market Rulebook at any point of time as of being admitted to trading by the Exchange.

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 Company has stated that all information provided here and in any supporting documents is accurate and gives a true and accurate view of the issuer and the instruments.

The Certified Adviser also confirms that it has taken reasonable measures to satisfy itself that the information provided by the issuer which has been submitted here and in other relevant documents is accurate and gives a true and accurate view of the issuer and the instruments.

* Indicates a field required for submission.

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