
BUSINESS ORGANIZATION

• If Applicant is a successor to a previously registered derivatives clearing organization, please complete the following:

a. Date of succession _____

b. Full name and address of predecessor registrant

Name

Street Address

City State Country Zip Code

• Applicant is a:

Corporation

Partnership (specify whether general or limited)

Limited Liability Company

Other form of organization (specify) _____

• Date of formation: _____

• Jurisdiction of organization: _____

List all other jurisdictions in which Applicant is qualified to do business (including non-US jurisdictions):

List all other regulatory licenses or registrations of Applicant (or exemptions from any licensing requirement) including with non-US regulators:

• FEIN or other Tax ID#: _____

• Fiscal Year End: _____