
BUSINESS ORGANIZATION

5. 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

6. Applicant is a:

- Corporation
- Partnership (specify whether general or limited)
- Limited Liability Company
- Other form of organization (specify) _____

7. Date of formation: _____

8. 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:

9. FEIN or other Tax ID#: _____

10. Fiscal Year End: _____