

## Trading Permit Application Individual

*Incomplete applications will not be accepted.*

Name of Applicant:	Applicant CRD#:
Primary Member Firm:	Member Firm CRD#:
Additional Member Firm:	Member Firm CRD#:
Evidence of Identification (to be completed by Membership):	

### *Applicant Personal Information*

Home Address:		
Home Phone Number:	Mobile Number:	
<b>E-mail address:</b>	Date of Birth:	
Amex Beeper Number:		
Please indicate where mail is to be sent:		
<input type="checkbox"/> Mailbox # _____ (Assigned by Amex)	<input type="checkbox"/> Home address	<input type="checkbox"/> Official firm mailing address

**A. I expect to engage in business as a (Check all that apply):**

- Registered Options Trader – OCC Acronym
- Registered Trader - AEMI
- House Broker (Internal orders)
- Commission Broker (External orders)
- Specialist
- Off Floor Trader
- R/ROT
- S/ROT

**Examination Required:**

- New Member Examination
- New Member Examination
- New Member Examination
- New Member Examination
- Specialist Seminar
- Series 7 Examination
- New Member Examination
- Other

(3) Clearing House give up to be included on trading badge \_\_\_\_\_ (if none please specify)

**B. I submit, or agree to submit prior to being elected to membership, the following exhibits as part of this application:**

- (1) New Members
  - a) Signed Floor Sponsors' Statement
  - b) Two letters of reference from former employers or business associates (other than Floor Sponsors)
  - c) Results of medical examination
- (2) All Members
  - a) Electronically filed Uniform Application for Securities Industry Registration ("Form U-4")
  - b) Results of medical examination (for Former Members returning after one year)
  - c) Any other information or documents requested by the Exchange relative to this application.

I hereby pledge to abide by the Constitution and Rules of NYSE Alternext U.S., LLC, as amended from time to time, effective upon my acquisition of the membership.

I hereby represent that, to the best of my knowledge and belief, the foregoing statements are true and correct.

I authorize and request any and all of my former employers and any other person to furnish to NYSE Alternext U.S., LLC and any agent acting on its behalf any information that they may have concerning my character, general reputation, personal characteristics, mode of living and credit worthiness. Moreover, I hereby release each such employer and each such other person from any and all liability of whatever nature by reason of furnishing such information to NYSE Alternext U.S., LLC, and any agent acting on its behalf. Further, I recognize that I will be the subject of an investigative consumer report ordered by NYSE Alternext U.S., LLC,

and I understand that, upon written request within a reasonable period of time, additional disclosure concerning the nature and scope of the investigation will be provided by the Exchange.

I authorize NYSE Alternext U.S., LLC to make available to any employer or prospective employer, to any other exchange or securities organization, or to any federal, state or municipal agency, or to any other person or organization, any information it may have concerning me, and I hereby release NYSE Alternext U.S., LLC from any and all liability of whatever nature by reason of furnishing such information.

I accept as final the decision of NYSE Alternext U.S., LLC as to the results of any examination I am required to take.

[Applicant should sign below and print name]

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Note: This statement does not need to be witnessed by a Notary Public if it is executed and witnessed in the Membership and Registration Department of the NYSE Alternext U.S., LLC.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared (Applicant)

\_\_\_\_\_ to me known and known to me to be the individual described in, and who executed the foregoing instrument and acknowledged to me that he/she executed the same for the purpose named.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name, and affixed my seal of office, the day and the year last above written.

\_\_\_\_\_  
Notary Public

### Firm Section

***By signing below I certify that the below information is the same as reported on the firm's broker dealer registration with the SEC and that a copy of any amendments to the broker dealer registration has been filed and approved by the Exchange.***

Organization Mailing Address: \_\_\_\_\_

Organization Tele #:

Organization Fax #:

Organization Contact:

Trading Floor Contact:

Trading Floor Tele #:

Trading Floor Fax #:

[Approved signatory for applicant's firm should sign below and print name]

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Note: This statement does not need to be witnessed by a Notary Public if it is executed and witnessed in the Membership and Registration Department of the NYSE Alternext U.S., LLC.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared (Member Firm Principal)

\_\_\_\_\_ to me known and known to me to be the individual described in, and who executed the foregoing instrument and acknowledged to me that he/she executed the same for the purpose named.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name, and affixed my seal of office, the day and the year last above written.

\_\_\_\_\_  
Notary Public

NOTE: If executed outside the State of New York, attach County Clerk's Certificate as to the appointment of the Notary Public.