

Financial OTC Booking Fee Policy – FORM 1

Member Registration

a) Member Entity:

b) This entity and its Affiliates are exempt from the Financial OTC Booking Fee Policy under the **Non-Financial Group Exemption**:

No ☐

Yes ☐

c) If “no” was answered in section b) above, please list all Affiliates of the Member entity, who are Booking Fee Participants, detailing which will be included in the Member’s Reporting Group (please include additional Affiliate entities on additional page to this form if necessary):

<u>Affiliate entity</u>	<u>Will be included in Member’s Reporting Group</u>	
	Y	N
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

I confirm on behalf of _____ [insert Member Entity] that, to the best of my knowledge, the information in this form is true, accurate, and complete.

Signature: _____

Name: _____

Position: _____