

Financial OTC Booking Fee Policy – FORM 2

Non-Member Registration

a) Reporting Entity:

b) Other Booking Fee Participants, who are Affiliated with the above Reporting Entity, and electing to be included in its Reporting Group.

Affiliated entities

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

Signature: _____

Name: _____

Position: _____