



Market Maker Participant Firm Application Form

Market Maker Participant Firm ("MMPF") Name:

SEC ID #: 8- _____ CRD # _____

Street Address: _____

City: _____, State: _____ ZIP: _____

Contact Person: _____

Email: _____

Phone: _____

Fax: _____

Business Unit Symbol (if applicable): _____

Amount of MMPF's Net Capital, Minimum Requirement and Excess Net Capital, as defined in Securities Exchange Act of 1934 Rule 15c3-1:¹

Net Capital: \$ _____ (line #3750 Focus II & IIA)

Minimum Requirement: \$ _____ (line #3750 Focus II & IIA)

Excess Net Capital: \$ _____ (line #3750 Focus II & IIA)

Reported on FOCUS Report (date): ___/___/_____

¹ Registered MMPFs must maintain an adequate amount of net capital as defined by CHX Rules and the Federal Securities Laws and Rules promulgated thereunder. See Article 7, Rule 3; and Securities Exchange Act of 1934 Rule 15c3-1(a)(4). Generally, the minimum required amount of net capital is \$100,000 or \$2,500 per security in which the MMPF is registered, whichever is greater, with a ceiling of \$1,000,000. For stocks under \$5, the required amount is \$1,000 per issue.

Applicants must submit:

A copy of most recent FOCUS Report

Written Supervisory Procedures related specifically to CHX Article 16 ("Market Makers")

Name(s) and title(s) of all Market Maker Authorized Traders ("MMATs") who will be responsible for making markets on behalf of the MMPF. Please include dates that each MMAT passed the Series 57 (TD) Examination and attach Form U4s Uniform Application for Securities Industry Registration or Transfer for all MMATs, if they have not already been provided.

Name	CRD #	Title	Date Passed Series 57 (TD) Examination

There is an initial limit of 500 securities for each MMPF applicant unless prior approval is obtained.

Completed by: _____
(Name)

Signature: _____

Title: _____

Date: _____

Please return this Application and all appropriate forms to:

Participant Services Department
Chicago Stock Exchange, Inc.
440 South LaSalle Street, 8th Floor
Chicago, IL 60605

Phone: (312)663-2252
Email: kcurtin@chx.com

For Member Regulation Department Use Only:

Approved on: _____

By: _____
(Print Name and Title)