



**tpSEF Inc. Participant Application**  
***(Direct and Indirect)***

NAME:

**1 Organization Type**

- |                          |                           |                          |                     |
|--------------------------|---------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Corporation               | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | General Partnership |
| <input type="checkbox"/> | Other (please specify)    |                          |                     |

Date of organization:

State/Country of Organization:

**2 Tax Identification Number:**

**3 Please indicate the applicant's Legal Entity Identifier ("LEI"), CFTC Interim Compliant Identifier ("CICI") or other Pre-LEI identifier:**

LEI: CICI: Other Pre-LEI:

**4 Please indicate whether the applicant is a U.S. person or non-U.S. person as defined under applicable CFTC guidance:**

- |                          |             |                          |                 |
|--------------------------|-------------|--------------------------|-----------------|
| <input type="checkbox"/> | U.S. Person | <input type="checkbox"/> | Non-U.S. Person |
|--------------------------|-------------|--------------------------|-----------------|

**5 Please check all boxes that describe the applicant:**

- |                          |                               |                          |                             |                          |                           |
|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Swap Dealer                   | <input type="checkbox"/> | Futures Commission Merchant | <input type="checkbox"/> | Special Entity            |
| <input type="checkbox"/> | Eligible Contract Participant | <input type="checkbox"/> | Major Swap Participant      | <input type="checkbox"/> | Commodity Trading Advisor |
| <input type="checkbox"/> | Introducing Broker            | <input type="checkbox"/> | Registered Broker-Dealer    |                          |                           |

**6 Is the applicant a "financial entity," as defined in Section 2(h)(7)(C) of the Commodity Exchange Act?**

- |                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

**7 Please indicate how the applicant intends to access the SEF:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Direct Participant                             |
| <input type="checkbox"/> | Indirect Participant through FCM Direct Client |
| <input type="checkbox"/> | Introducing Broker                             |

**8 Mailing Address**

**9 Billing Address:**

**10 Primary Phone Number:**

**11 Name(s), title(s) and contact information of individuals authorized to represent the applicant before the SEF and its Committees. Attach a separate page if necessary.**

**12 If applicant is a swap dealer, please list all branch locations from which the applicant will be transacting business on the SEF.**

**13 List all exchanges, designated contract markets, swap execution facilities, clearing organizations, U.S. and non-U.S., at which membership/participation privileges are held or pending. Please also indicate the type(s) of membership(s) held.**

**14 If you intend to use the services of a designated clearing organization member for your trading on the SEF, please describe your clearing arrangement including the name of the clearing member and contact person, and the DCOs through which you will be clearing.**

15 Indicate the name, title and contact information of the individual authorized to act on behalf of the applicant regarding this application and to contact for questions concerning the application. Such person shall be deemed the "Authorized Representative" for purposes of the Rules.

Name:

Title:

Phone Number:

Email:

16 Please provide the names, titles, telephone numbers, and email addresses of any individuals that are authorized to trade on behalf of the applicant (attach a separate page if necessary).

Name	Title and Location	Telephone	Email Address

On behalf of the applicant, I hereby attest and affirm that I have read and understand the tpSEF Inc. Terms of Use (if applicable) and the information provided in this application (including copies of any documents) are true and complete to the best of my knowledge. In addition, I represent and certify that the applicant is an eligible contract participant as defined under the Commodity Exchange Act and the regulations thereunder as may be amended from time to time. I acknowledge that tpSEF will rely on the information provided in order to approve or deny this application for participation. I understand that applicant will be subject to a disciplinary action if false or misleading answers are given. I also acknowledge the obligation of the applicant to submit to tpSEF any amendment to any document submitted as part of its application within the time prescribed under tpSEF rules, as amended from time to time.

Date:

Signature of applicant:

Name and Title of Signatory: