

Customer Questionnaire

Date: _____

CLIENT INFORMATION			
EXACT LEGAL NAME OF CLIENT: _____			
ADDRESS: _____	FLOOR: _____		
CITY: _____	STATE: _____		
ZIP: _____			
CLIENT'S COUNTRY OF DOMICILE:			
<input type="checkbox"/> Check box if client is wholly owned subsidiary, and indicate Parent's country: _____			
ORGANIZATIONAL FORM:			
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Government Entity <input type="checkbox"/> Other: _____			
TAX PAYER ID NO/E.G., EMPLOYER ID NO. _____ or FOREIGN ALTERNATIVE: _____			
OWNERSHIP STRUCTURE:			
<input type="checkbox"/> Publicly Held Entity (this would include a subsidiary of a publicly held entity) <ul style="list-style-type: none"> • Enter symbol and the exchange the entity's stock is traded on: Symbol _____ Exch: _____ 			
<input type="checkbox"/> Private/Closely Held Entity (this would include a subsidiary of a private/closely held entity) <p style="color: red; font-size: small; margin-top: 5px;"><i>For a private/closely held entity, please indicate all control persons (including percentage of ownership) at the end of the form (See Control Persons Section)</i></p>			
ENTITY TYPE:			
<input type="checkbox"/> Regional Specialist	<input type="checkbox"/> Introducing Broker Dealer		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Market Maker		
<input type="checkbox"/> ECN	<input type="checkbox"/> Consultant Broker Dealer		
<input type="checkbox"/> Other Broker Dealer	<input type="checkbox"/> Program/Black Box/Quant		
If SEC registered Broker Dealer, please provide SEC Broker Dealer #: _____			
MEMBER FINRA: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY INFORMATION:			
LARGE TRADER (as per SEC Rule 13-h): <input type="checkbox"/> YES <input type="checkbox"/> NO, <i>If entity qualifies as a large trader please list all LITDs:</i>			

<input type="checkbox"/> Pending, if LITDs have not yet been issued by the SEC			
EXCHANGE MEMBERSHIPS (list all): _____			
OATS SUBMITTING MEMBER TYPE			
<input type="checkbox"/> MEMBER	<input type="checkbox"/> ECN/ ATS	EXCLUDED MEMBER	<input type="checkbox"/> NON-MEMBER AFFILIATE
FIRM CONTACTS (Include Principals/Senior Managers)			
Business Contact:		Operations Contact	
Name: _____		Name: _____	
Phone: _____		Phone: _____	
email: _____		Email: _____	
Fax: _____		Fax: _____	

Client Trading Contact	Compliance/Legal Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Alternate Trading Contact	Billing Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Technology Contact	Financial Statement Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Oats Issues Contact	Trade Support Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
SECURITIES TRADED	
<input type="checkbox"/> EQUITIES <input type="checkbox"/> BONDS <input type="checkbox"/> OPTIONS	
AVERAGE SHARE SIZE TRADED: _____, AUTOMATIC AVERAGE PRICING: Y/N	
AVERAGE PRICE ROUNDING: <input type="checkbox"/> 3 DECIMALS <input type="checkbox"/> 4 DECIMALS	
CLEARING FIRM INFORMATION	
Clearing Firm:	Phone Number:
Address:	
Billing Contact :	Email:
CLEARING	
PLEASE CHOOSE CLEARING METHOD:	
<input type="checkbox"/> QSR <input type="checkbox"/> Correspondent FLIP <input type="checkbox"/> DVP/RVP <input type="checkbox"/> ACT	
TYPE OF QSR SUBMISSION <i>(please select one):</i>	
<input type="checkbox"/> By Order <input type="checkbox"/> By Execution <input type="checkbox"/> By Symbol and Side	
List MPID(s) that will be used for this relationship	
MPID/DTC#1 _____ / _____ MPID /DTC#2 _____ / _____ MPID /DTC# 3 _____ / _____	

Other

Location of Customer's customers (e.g. 50% US, 30% Canada, 20% Western Europe etc.)

Customer's Market Reputation Favorable Unfavorable NA

CREDIT REQUIREMENT

Below are the minimum documentary requirements for credit review of clients seeking Execution; and/or Clearing Services:

- 2 years most recent audited financials, and either of the following:
- Quarterly Financial Statement (most recent), or
- FOCUS Report (most recent)

CONTROL PERSONS

(Complete this section only for private/closely held entities)

Control Persons: include (i) those with authority or control (either direct or indirect) over the account (e.g., partners, trustees, officers, and directors) and (ii) significant owners – i.e., those who directly or indirectly own 25% or more of the entity or the assets in the account: *(if necessary to list additional persons, attach separate sheet to this document)*

Name: _____ Position/Title: _____

Country of Residence: _____ Ownership Percentage (if owner): _____

Name: _____ Position/Title: _____

Country of Residence: _____ Ownership Percentage (if owner): _____

Name: _____ Position/Title: _____

Country of Residence: _____ Ownership Percentage (if owner): _____

Name: _____ Position/Title: _____

Country of Residence: _____ Ownership Percentage (if owner): _____

THE FOLLOWING NOTICE MUST BE PROVIDED, EITHER VERBALLY OR IN WRITTEN OR ELECTRONIC FORM, TO EVERY CLIENT.

**NOTICE TO CUSTOMERS REGARDING INFORMATION COLLECTED
FOR CUSTOMER IDENTIFICATION PURPOSES**

BNY Convergex Execution Solutions LLC has established a Customer Identification Program (or CIP) as required pursuant to Section 326 of the USA Patriot Act. Under the CIP, we will collect certain customer identification information from each customer who opens an account, utilize risk-based measures to verify the identity of each customer who opens an account, record customer identification information and the verification methods used along with the results of such verification, and compare customer identification information with government-provided lists of suspected terrorists.