

**OMEGA ATS  
RETAIL TRADER ID CERTIFICATION FORM**

This form is to be used for both new submissions and changes to previous submissions (and, if necessary, information can be included in an attachment). Any changes to prior submissions take effect as at the beginning of the month following the change.

By completing and signing this form, the Omega ATS subscriber is certifying that the identified Trader IDs in the table below are IDs through which orders originating from a “Retail Client” (as defined in the rules of the Canadian Investment Regulatory Organization) are sent, and excludes Trader IDs associated with a direct electronic access (DEA) arrangement or routing arrangement (RA) client unless such DEA or RA client is an investment dealer or a broker / dealer located in a non-Canadian jurisdiction, and the orders being sent through the Trader ID are retail client orders for which the DEA or RA client is acting as “agent”.

Completed forms are to be sent by email to: [RetailTraderIDs@tradelogiq.com](mailto:RetailTraderIDs@tradelogiq.com)

	LIST OF RETAIL TRADER IDs	TYPE OF RETAIL CLIENT	TRADER ID DESCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Non-DEA/RA Retail Client <input type="checkbox"/> DEA Retail Client <input type="checkbox"/> RA Retail Client	Where 'Type of Retail Client' is DEA or RA:  Subscriber desk(s) / DEA / RA client name:  Subscriber contact person:
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Non-DEA/RA Retail Client <input type="checkbox"/> DEA Retail Client <input type="checkbox"/> RA Retail Client	Where 'Type of Retail Client' is DEA or RA:  Subscriber desk(s) / DEA / RA client name:  Subscriber contact person:
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Non-DEA/RA Retail Client <input type="checkbox"/> DEA Retail Client <input type="checkbox"/> RA Retail Client	Where 'Type of Retail Client' is DEA or RA:  Subscriber desk(s) / DEA / RA client name:  Subscriber contact person:

*Subscriber is responsible for ensuring that the information in this table is accurate and correct at all times.*

**SUBMITTED BY:**

Subscriber: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_