

SUBSCRIBER INFORMATION FORM

Subscriber

Full Corporate Name: _____

Address: _____

Broker Number:	CUID:	Sub ID:	GST #:
Access Vendor:		Extranet Provider:	

Other Key Vendors/Providers (if any): _____

Trading Supervisor Contact

Technical Contact

Name:	Name:
Phone:	Phone:
Email:	Email:

Billing Contact

Compliance Contact

Name:	Name:
Phone:	Phone:
Email:	Email:

Authorized Representative (Officer, Director or Partner)

Primary Contact

Secondary Contact

Name:	Name:
Title:	Title:
Phone:	Phone:

Use of Omega ATS and Lynx ATS Test Environment

Subscriber agrees to comply with Tradelogiq Market Inc.'s rules for responsible use of its test environments.

Clearing Arrangements

Indicate whether Subscriber self-clears or, if using a clearing broker, the name of the clearing broker.

Self-Clearing?	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>
If YES, Subscriber's CUID:				
If NO, name of Clearing Broker:			Clearing Broker's CUID:	

Authorized Traders

If individual traders at the Subscriber will use Access Vendors other than the one noted above to route orders to Omega ATS or Lynx ATS, indicate which ones in the spaces provided below (otherwise leave blank).

Use the Trader Information Form on the Tradelogiq website for more than four traders.

Trader Name:		Trader Name:	
Trader Number:		Trader Number:	
CUID:	SUB ID:	CUID:	SUB ID:
Access Vendor:		Access Vendor:	
Phone:		Phone:	
Email:		Email:	
Trader Name:		Trader Name:	
Trader Number:		Trader Number:	
CUID:	SUB ID:	CUID:	SUB ID:
Access Vendor:		Access Vendor:	
Phone:		Phone:	
Email:		Email:	

Authorization

This information is provided by the Subscriber for the purpose of accessing Omega ATS and Lynx ATS. It is the sole responsibility of the Subscriber to promptly inform the marketplace operator, Tradelogiq Markets Inc., of any changes to this information. The undersigned is an Authorized Representative or other signing officer with authority to bind the Subscriber.

Name of Signing Officer:

Title:

Signature:

Date:

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