

OMEGA ATS LIQUIDITY PROVISION PROGRAM SUBSCRIBER PARTICIPATION FORM

This form is to be used for both new submissions and changes to previous submissions (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.

Details on program eligibility and discount rates are available at: https://tradelogiq.com/fees/

Completed forms are to be sent by email to: <u>LP.Program@tradelogiq.com</u>

	TRADER ID GROUP	TYPE	LIST OF TRADER IDs
☐ Add ☐ Remove	Subscriber desk(s) / DEA / RA client name: Subscriber contact person:	☐ DEA client ☐ Subscrib	per
☐ Add ☐ Remove	Subscriber desk(s) / DEA / RA client name: Subscriber contact person:	☐ DEA client ☐ Subscrib	per
Add Remove	Subscriber desk(s) / DEA / RA client name: Subscriber contact person:	☐ DEA client ☐ Subscrib	per
Add Remove	Subscriber desk(s) / DEA / RA client name: Subscriber contact person:	☐ DEA client ☐ Subscrib	per
☐ Add ☐ Remove	Subscriber desk(s) / DEA / RA client name: Subscriber contact person:	☐ DEA client ☐ Subscrib	per
Subscriber is SUBMITTE Subscri		this schedule is accurate and c	correct at all times.
Signatu	re:		
Name: Title:		Email: Telephone:	
Date:			