**BROKER FIRM PARTICIPANT APPLICATION INFORMATION FORM AND REPRESENTATIONS FOR SWAPS TRANSACTIONS ON TRADITION SEF, LLC**

Please complete and return to:

Tradition SEF Onboarding Group

32 Old Slip, 28th floor, New York, NY 10005

Email: [TradSefOB@tradition.com](mailto:TradSefOB@tradition.com)**.**

If you have any questions regarding this application please contact: [TradSefOB@tradition.com](mailto:TradSefOB@tradition.com)**.**

**1. APPLICATION DETAILS**

**Legal name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registered address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business address:** (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Entity Identifier (“LEI”)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website address: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and position of person responsible for processing application:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative to SEF:**

**Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email** [**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**](mailto:Larry.rosenshein@tradition.com)

**Engagement Status :**

**Applicants : Please indicate below the model of engagement applicable to your application :**

|  |  |  |
| --- | --- | --- |
| **Applicant Type** | **Description** | **YES/NO** |
| **Exempt Venue** | **Venue introducing Pre-Arranged Trades for execution and/or accessing SEF Order Book(s) on behalf of Customers** |  |
| **Venue operating under SEF Exemption/Equivalence as recognized by the CFTC** |
| **Client Types : U.S. Persons and Non-U.S. Persons** |
| **NFA Registered IB** | **Venue introducing Pre-Arranged Trades for execution and/or accessing SEF Order Book(s) on behalf of Customers** |  |
| **Venue NOT operating under SEF Exemption/Equivalence as recognized by the CFTC** |
| **Client types : U.S. Persons and Non-U.S. Persons** |
| **Non-NFA Registered Intermediary** | **Venue introducing Pre-Arranged Trades for execution and/or accessing SEF Order Book(s) on behalf of Customers** |  |
| **Venue NOT operating under SEF Exemption/Equivalence as recognized by the CFTC** |
| **Client types : Non-U.S. Persons only** |

**Note : If not an NFA member, please provide name of local equivalent regulator and any registration ID number in the below section.**

**Note : Foreign Applicants that are not Registered with the NFA as a Swap Introducing Broker and are not operating under exempt SEF / SEF Equivalence status may only conduct SEF business on behalf of non-US entities.**

**Applicable Local Regulator Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicable Local Regulated Entity Type : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicable Local Regulator Entity ID# : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company NFA ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Compliance Contact: (Name, address, phone, email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Contact: (Name, address, phone, email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email to receive SEF Notices and Rule Changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agent for Service of Process (non-US Entities only): Name and US Address:**

**Does Applicant intend to act as a Clearing Firm for its Customers on Tradition SEF?**

**If yes please indicate:**

**DCO Membership(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does Applicant intend to act as Clearing Agent for Customers executing USD Interest Rate Spread-Over Treasury trades?**

**If yes, please provide the following:**

Please check the appropriate box and provide the related information:

□ Participant is a FICC Netting Member or Comparison-Only Member (as defined in FICC rules).

FICC Member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Participant is an Executing Firm (as defined in FICC rules).

FICC Submitting Member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FICC Submitting Member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant, acting in the capacity of a Broker Firm Participant, hereby represents that if its Customers intends to enter into USD Interest Rate Swap Spread Over Trades on the Tradition SEF Trad-X IRS Platform the Customer shall: (1) be a Netting Member or Comparison-Only Member of the Fixed Income Clearing Corporation (“FICC”), a clearing agency registered with the Securities and Exchange Commission; or (2) (i) be an Executing Firm; and (ii) have a relationship with a Submitting Member of FICC permitting the Treasury component of its Spread Over Trades to be submitted to FICC for Netting or Comparison under FICC rules.

**Please provide the following:**

**2. COMPANY INFORMATION:**

**Certificate of Incorporation, Memorandum and Articles of Association**

Please provide:

a) A copy of the Certificate of Incorporation (or local equivalent).

b) A copy of the Memorandum and Articles of Association (or local equivalent).

**Corporate Structure and Key Personnel**

Please provide the following:

a) A group organization chart (if applicable), and/or an organization chart detailing all staff to be involved in SEF BROKER FIRM PARTICIPANT operations.

b) A list of Directors;

c) Name, Phone #, and email for Key Personnel, Emergency Contacts.

d) Names of any shareholders directly or indirectly owning or controlling more than 25% of the Company (“Beneficial Owners”).

**Business and Financial Information**

a) A copy of the firm’s most recent NFA 1-FR or FINRA FOCUS report. Or, in the case of a new company, an audited opening balance sheet.

b) Details of relevant experience and expertise the Applicant’s staff have had in the industry.

c) A listing of other SEF, Exchange or self-regulatory organization memberships or affiliations.

**Authorized Signatory List**

Please provide a list of the company’s authorized signatories and signature specimens together with an explanation of the respective authorizations.

**Authorized Broker List**

Please provide a list of brokers authorized to conduct business on the SEF, along with their birthdates, and copies of the Disciplinary Information Section of each broker’s NFA Form 8-R. If the Applicant is foreign non-NFA Member BROKER FIRM PARTICIPANT, please provide answers to the Disciplinary Information Section of NFA Form 8-R for each authorized broker. (NFA Form 8-R can be found at [www.NFA.futures.org](http://www.NFA.futures.org) under the registration tab for Associated Person). List brokers by asset class.

**REGULATORY STATUS REPRESENTATION**

It is the BROKER FIRM PARTICIPANT’s responsibility to ensure that it has the appropriate regulatory status in each jurisdiction in which it operates or plans to operate with regard to its Swap Introducing Broker Activity. Please provide confirmation that the BROKER FIRM PARTICIPANT is appropriately registered or authorized to conduct swaps business. If it is exempt from such registration as a SEF, please provide a copy of a current exemption letter, order or other evidence of such exemption and a statement that it is in compliance with the terms of such exemption.

**Location of Brokers, Order Entry Responsible Individuals:**

Please provide details of the locations of offices from which the BROKER FIRM PARTICIPANT intends to transmit business to the SEF.

**3. DISDCIPLINARY MATTERS**

Broker Firm Participant Applicant is unaware of any disciplinary matters with itself or any of its senior management or board members which would prohibit the firm’s participation and registration with Tradition SEF.

YES / NO

**4. REPRESENTATIONS:**

The Applicant shall obtain appropriate representations and/or ensure that each of its Customers is an Eligible Contract Participant at all relevant times.

The Applicant shall obtain appropriate representations and/or ensure that each Customer that enters into Cleared Swaps has a relationship with a Clearing Firm eligible to clear such Cleared Swaps or has a guaranteed clearing arrangement with a Clearing Firm eligible to clear such Cleared Swaps.

The Applicant shall obtain appropriate representations and/or ensure that the Customer has and maintains all necessary regulatory approvals and/or licenses to access a Platform and enter into Swaps under Applicable Law and is not subject to any trading ban, prohibition or suspension issued by the CFTC or the NFA, or statutory disqualification under Section 8a(2) of the Act.

The Applicant shall have implemented a written anti-money laundering program that has been approved in writing by its senior management and is reasonably designed to promote and monitor its compliance with the applicable requirements of such laws.

The Applicant shall screen Customers for compliance with economic or trade sanctions programs administered by OFAC or other relevant U.S. or non-U.S. authority, including screening Customer names against OFAC’s List of Specially Designated Nationals and Blocked Persons

The Applicant shall identify its Customers to Tradition SEF in the manner, at the times and in such detail as is specified by Tradition SEF.

The Applicant shall obtain appropriate representations and/or ensure that each Customer trading on Tradition SEF or subject to the Rules of Tradition SEF is trading only for its own account (or the account of a Person managed by the Customer).

The Applicant shall satisfy such other criteria as Tradition SEF may specify from time to time, subject to Tradition SEF, LLC Rules, Platform Supplement and Applicable Law.

The Applicant acknowledges receiving a copy of the Tradition SEF, LLC Rulebook and Platform Supplements, and agrees to be bound by Applicable Law and the rules of Tradition SEF, LLC, including any Platform Supplements, all as in effect from time to time, and consents to the jurisdiction of Tradition SEF, LLC. Applicant agrees to pay TRADITION SEF fees at prevailing rates. All rates are exclusive of any applicable sales taxes. Fees shall be paid by the Participant on receipt of invoice.

To the extent that Applicant is affiliated through ownership or control with another SEF(s) or a DCM(s), Applicant represents that it maintains and implements procedures and controls to prevent information from Tradition SEF from being misused to the benefit of the affiliated SEF or DCM. Applicant consents to Tradition SEF’s ability to audit such procedures upon request. Applicant agrees that Tradition SEF has the right to cancel Applicant’s access to Tradition SEF in circumstances where Tradition SEF believes Applicant is misusing Tradition SEF’s information to the benefit of Applicant’s affiliated SEF (s) or DCM(s).

Applicant hereby declares that the statements in the application materials provided to Tradition SEF, LLC are true, complete and accurate. The Applicant shall, in the event that the SEF requests information regarding the Applicant’s activity on the SEF or as requested by the SEF on behalf of its Regulatory Services Provider, other Self-Regulatory Organizations or US or Foreign Regulators with the proper jurisdiction over the SEF, provide such information to the SEF. In the case of a non-US Applicant who is not a member of the NFA, please provide a legal address in the U.S. for service of process.

The person signing this Form, has all rights, power and authority on behalf of the Broker Firm Participant

Authorized Representative:

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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