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EXEMPTION**

**FORM 94-102F2
CUSTOMER COLLATERAL REPORT: INDIRECT INTERMEDIARY**

Type of Filing: **INITIAL** **AMENDMENT**

Reporting Indirect Intermediary

1. Reporting Date:
2. Reporting Period:
3. LEI of the Reporting Indirect Intermediary:

If an LEI of the Reporting Indirect Intermediary is not available, please provide the following:

Complete Legal Name:
Address of Head Office:

Section 3 – Certification

CERTIFICATE OF INDIRECT INTERMEDIARY

I certify that I am authorized to deliver this Form on behalf of the entity delivering this Form and on behalf of the counterparties identified in Section 2 of this Form and that the information in this Form is true and correct.

DATED at _____ this _____ day of _____, 20____

(Print name of authorized person)

(Print title of authorized person)

(Signature of authorized person)

(Email)

(Telephone)