

REGISTRATION FORM - DEALER FIRMS

Include instructions for completion.

Definition of Terms

Is this an: Initial Application Amendment

GENERAL INFORMATION

NRD No.:

- | | |
|-----|---|
| 1. | Full Name of the Dealer:
<i>(if sole proprietor state last, first and middle name)</i> |
| (a) | Name under which you primarily conduct your dealer business (if different from above): |
| (b) | Has the applicant, or to the best of the applicant's information and belief, has any affiliate of the applicant, operated under, or carried on business under, any name other than the name shown in this application? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If "yes" list on Schedule "D", Section I - <i>Other Business names Previously Used</i> , any other names under which the firm has previously conducted business (firm history required for last 10 years). |
| (c) | List on Schedule "D", Section II - <i>Other Business Names Currently in Use</i> , any other names under which the firm currently conducts business (e.g. trade names). |

Head Office

- | | |
|-----|--|
| 2. | Head Office Business Address <i>(do not use a P.O. Box)</i>
(number, street, city, province/territory, postal code) |
| (a) | Mailing Address (if different than above) <i>(do not use a P.O. Box)</i>
(number, street, city, province/territory, postal code) |
| (b) | Days of the week business is normally conducted at head office:
<input checked="" type="checkbox"/> Monday to Friday
<input checked="" type="checkbox"/> Other (specify): _____ |
| (c) | Hours business is conducted at this location
(from _____ to _____) |
| (d) | Area Code + Telephone Number |
| (e) | Fax Number |
| (f) | Do you have a Website address? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "yes", list all addresses below:

1. _____

2. _____

3. _____ |

REGISTRATION FORM - DEALER FIRMS

Authorized Firm Representative

(i.e. an employee whom you have authorized to receive information and respond to questions about this Form)

3. Name of Authorized Firm Representative *(last, first and middle name)*:

Title of Authorized Firm Representative:

Complete the following information for the Authorized Firm Representative:

(a) Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

(b) Area Code + Telephone

(c) e-mail Address

(d) Fax Number

Branches For each Branch Office location please complete the following information:

Check only one box: Add Delete Amendment

4. NRD Branch No.

(a) Name of Branch Manager

(b) Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

(c) Mailing Address (if different from above) *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

(d) Area Code + Telephone Number

(e) Fax Number

(f) Website Address

Sub-branches For each Sub-Branch Office location please complete the following information:

Check only one box: Add Delete Amendment

5. NRD Sub-Branch No.

(a) Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

(b) Mailing Address (if different from above) *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

(c) Area Code + Telephone Number

(d) Fax Number

(e) Website Address

REGISTRATION FORM - DEALER FIRMS

(f) State which location supervises this Sub-Branch:
 Business Address (*do not use a P.O. Box*) (number, street, city, province/territory, postal code)

SRO AND SECURITIES COMMISSION

6. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO), Exchange and/or Securities Commission in which the applicant is a member/registered or applying for membership/registration:

Currently Registered	Registering
<input type="checkbox"/> British Columbia Securities Commission <input type="checkbox"/> Alberta Securities Commission <input type="checkbox"/> Saskatchewan Securities Commission <input type="checkbox"/> Manitoba Securities Commission <input type="checkbox"/> Ontario Securities Commission <input type="checkbox"/> Commission des valeurs mobilières du Québec <input type="checkbox"/> New Brunswick Office of the Administrator <input type="checkbox"/> Nova Scotia Securities Commission <input type="checkbox"/> Prince Edward Island Registrar of Securities <input type="checkbox"/> Newfoundland Securities Division <input type="checkbox"/> Northwest Territories Securities Registries <input type="checkbox"/> Yukon Territory Registrar of Securities <input type="checkbox"/> Nunavut <input type="checkbox"/> Investment Dealers Association of Canada <input type="checkbox"/> Mutual Fund Dealers Association <input type="checkbox"/> Canadian Venture Exchange (CNDX) <input type="checkbox"/> Montreal Exchange <input type="checkbox"/> Toronto Stock Exchange <input type="checkbox"/> Toronto Futures Exchange <input type="checkbox"/> Winnipeg Commodity Exchange	<input type="checkbox"/> British Columbia Securities Commission <input type="checkbox"/> Alberta Securities Commission <input type="checkbox"/> Saskatchewan Securities Commission <input type="checkbox"/> Manitoba Securities Commission <input type="checkbox"/> Ontario Securities Commission <input type="checkbox"/> Commission des valeurs mobilières du Québec <input type="checkbox"/> New Brunswick Office of the Administrator <input type="checkbox"/> Nova Scotia Securities Commission <input type="checkbox"/> Prince Edward Island Registrar of Securities <input type="checkbox"/> Newfoundland Securities Division <input type="checkbox"/> Northwest Territories Securities Registries <input type="checkbox"/> Yukon Territory Registrar of Securities <input type="checkbox"/> Nunavut <input type="checkbox"/> Investment Dealers Association of Canada <input type="checkbox"/> Mutual Fund Dealers Association <input type="checkbox"/> Canadian Venture Exchange (CNDX) <input type="checkbox"/> Montreal Exchange <input type="checkbox"/> Toronto Stock Exchange <input type="checkbox"/> Toronto Futures Exchange <input type="checkbox"/> Winnipeg Commodity Exchange

REGISTRATION FORM - DEALER FIRMS

7. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO,) Securities Commission and/or Other Regulator in which the applicant is a member/registered:
- NASD
 - SEC
 - US State Regulators
 - Other Regulators - specify: _____
(e.g. OSFI, Financial Services Commission of Ontario, etc.)
 - Other (specify - other than noted in Item #6): _____

REGISTRATION CATEGORY

8. Indicate by checking the appropriate box(es) each category of registration in which the applicant is registered or registering:

	Currently Registered		Registering
	<ul style="list-style-type: none"> <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer 		<ul style="list-style-type: none"> <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer

AUDITORS

REGISTRATION FORM - DEALER FIRMS

9. Indicate the name of the audit firm, contact person, address, telephone and fax numbers and e-mail address of the firm's auditor:

Contact Person (Name and Title)

Firm

Address

Area Code + Telephone Number

e-mail Address

Fax Number

10. Is a letter from the auditors acknowledging that this audit firm is the auditor for the applicant on file at the firm? Yes No

If not, why

BUSINESS STRUCTURE

11. State the fiscal year end date for the dealer firm month_____ day _____

12. Indicate legal status of the applicant:

Corporation

Partnership

Limited Partnership

Sole Proprietorship

Other (specify)

13. If other than a sole proprietor, indicate date and place applicant obtained its legal status (i.e. list all provinces/states or countries where incorporated, where partnership agreements were filed, or where applicant entity was formed):

Province/State of establishment:_____ Date of establishment: _____
(MM/DD/YYYY)

Province/State of establishment:_____ Date of establishment: _____
(MM/DD/YYYY)

Province/State of establishment:_____ Date of establishment: _____
(MM/DD/YYYY)

REGISTRATION FORM - DEALER FIRMS

14.	Supporting documents submitted to Principal Regulator include:			
	Articles of Incorporation/Sole Proprietor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Participation in Contingency Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Financial Institution Bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Statement of Policies or Forms 69/70	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Policies and Procedures Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Audited Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Proof of Adequate Capital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Subordination Agreement in Proper Format	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Does the applicant hold or maintain any funds or securities or provide carrying services for any other dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	Does the applicant refer or introduce customers to any other dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "yes", complete Schedule "D", Section III - <i>Introducing/Carrying Arrangements</i> .			
17.	Does applicant have any arrangement with any other person, firm or organization under which:			
(a)	Any books or records of the applicant are kept or maintained by such other person, firm or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b)	Accounts, funds or securities of the applicant are held or maintained by such other person, firm or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(c)	Accounts, funds or securities of customers of the applicant are held or maintained by such other person, firm or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>For purposes of (b) and (c) above, do not include a bank or other acceptable location.</i>			
	If "yes" to any part of this item, complete a separate Schedule "D", Section III - <i>Introducing/Carrying Arrangements</i> .			

CONTROL ISSUES

REGISTRATION FORM - DEALER FIRMS

18. (a) Directly or indirectly, does the applicant control, is the applicant controlled by, or is the applicant under common control with, any partnership, corporation or other organization that is engaged in the securities or investment advisory business? **9** Yes **9** No
- If “yes” to Item 18(a), complete Schedule “D”, Section IV - *Control Issues - Part 1*.
- (b) Directly or indirectly, is the applicant controlled by any bank, bank holding company, trust company, credit union or foreign bank? **9** Yes **9** No
- If “yes” to Item 18(b), complete Schedule “D”, Section IV - *Control Issues - Part 2*.

SHAREHOLDER(S)

19. Complete Schedules “A” and “B” indicating all direct, indirect and beneficial owners of the dealer firm.

CRIMINAL DISCLOSURE

20. Is there currently an outstanding charge (other than for a minor traffic violation), or indictment against the applicant or an affiliate or associate of the applicant? **9** Yes **9** No
- If “yes” complete Schedule “C”.
21. Has the applicant or any affiliate of the applicant:
- (a) ever been convicted of, pleaded guilty or “no contest” to an offence under the laws of any province, state or country? **9** Yes **9** No
- If “yes”, complete Schedule “C”.
- (b) ever been charged with an offence under the laws of any province, state or country? **9** Yes **9** No
- If “yes”, complete Schedule “C”.
22. Has the applicant or any affiliate or associate of the applicant:
- (a) ever been convicted of, pleaded guilty or “no contest” to a misdemeanour involving: securities, or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? **9** Yes **9** No
- If “yes”, complete Schedule “C”.
- (b) ever been charged with a misdemeanour specified in 22(a)? **9** Yes **9** No
- If “yes”, complete Schedule “C”.

REGISTRATION FORM - DEALER FIRMS

REGULATORY DISCLOSURE

23. Has the applicant or any affiliate of the applicant ever:
- (a) been found to have been involved in a violation of its regulations or statutes under the *Securities Act* of any province/territory in Canada? **9** Yes **9** No
- If “yes”, complete Schedule “E”.
- (b) been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? **9** Yes **9** No
- If “yes”, complete Schedule “E”.
-
24. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:
- (a) registered or licensed in any capacity in any other province, state or country which requires registration or licensing to deal or trade in securities or exchange contracts? **9** Yes **9** No
- If “yes” complete Schedule “E”.
- (b) registered or licensed in any other capacity in any other province, state or country under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, real estate agent, private investigator, mortgage broker, etc.) **9** Yes **9** No
- If “yes” complete Schedule “E”.
- (c) refused registration or a licence mentioned in Item #18 (a) and/or (b) above or has any registration or licence been suspended, terminated or cancelled in any category mentioned in Item #5 above? **9** Yes **9** No
- If “yes” complete Schedule “E”.
- (d) denied the benefit of any exemption from registration provided by the *Securities Act* (or former *Commodity Contract Act*), or similar exemption provided by securities acts or regulations of any other province, state or country? **9** Yes **9** No
- If “yes” complete Schedule “E”.

REGISTRATION FORM - DEALER FIRMS

(e) the subject of a cease trade or cease distribution order pursuant to the Securities Act of any province or denied any or a similar provision in the Securities Acts or regulations of any province, state [or] country? 9 Yes 9 No
If "yes" complete Schedule "E".

25. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:

(a) a member of any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? 9 Yes 9 No
If "yes" complete Schedule "E".

(b) refused membership in any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? 9 Yes 9 No
If "yes" complete Schedule "E".

(c) suspended as member of any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? 9 Yes 9 No
If "yes" complete Schedule "E".

CIVIL JUDICIAL DISCLOSURE

26. Has the applicant or any affiliate of the applicant ever been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world wherein fraud, theft, deceit, misrepresentation or similar conduct was alleged? 9 Yes 9 No
If "yes", complete Schedule "F".

FINANCIAL DISCLOSURE

27. Has the applicant or any affiliate of the applicant:

(a) at any time declared bankruptcy, or made a voluntary assignment in bankruptcy? 9 Yes 9 No
If "yes" complete Schedule "G".

REGISTRATION FORM - DEALER FIRMS

(b) at any time had a receiver or receiver manager appointed to hold its assets? **9** Yes **9** No
If “yes” complete Schedule “G”.

28. Has a bonding company ever denied, paid out on, or revoked a fidelity / surety bond? **9** Yes **9** No
If “yes” complete Schedule “G”.

29. Does the applicant have any unsatisfied judgements or liens against it? **9** Yes **9** No
If “yes” complete Schedule “G”

TYPES OF BUSINESS

30. Check types of business engaged in (or to be engaged in, if not yet active) by applicant.

REGISTRATION FORM - DEALER FIRMS

- 9 Exchange member engaged in exchange commission business
- 9 Dealer making inter-dealer markets in corporate securities over-the-counter
- 9 Dealer retailing corporate equity securities over-the-counter
- 9 Dealer selling corporate debt securities
- 9 Dealer selling mutual funds
- 9 Dealer selling variable life insurance or annuities
- 9 Trading in Options
- 9 Dealer selling securities of only one issuer or associate issuers (other than mutual funds)
- 9 Investment advisory services
- 9 Dealer selling tax shelters or limited partnerships in primary distributions
- 9 Dealer selling tax shelters or limited partnerships in the secondary market
- 9 Trading securities for own account
- 9 Private placements of securities
- 9 Dealer involved in a networking or similar arrangement with a:
 - 9 bank, trust company, or credit union
 - 9 insurance company or agency
- 9 Other (give details on Schedule "D", Section V - *Other Business*).

DATED at

Name of Applicant

this day of 20.....

By

Signature of applicant, partner or officer

Print Name and Title

AFFIDAVIT

REGISTRATION FORM - DEALER FIRMS

In the matter of the *Securities Act*

I,
Name in Full

of the

in the County of

in the Province/Territory of

MAKE OATH AND SAY

1. I am the applicant (or partner or officer of the applicant) herein for registration and I signed the application.
2. The statements of fact made in the application are true.

SWORN before me at the }

in the..... of..... }

this day of 20..... }

.....
Signature of Deponent

..... }

(A Commissioner, etc.)

SCHEDULE "A"
Direct Owners and Officers

Use Schedule "A" in response to Item #19 to provide information on the direct owners and officers of the applicant.

Applicant

Name of Applicant:

Applicant NRD No.:

Date:

1. List below the names of:

- (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, President, Chairman and individuals with similar status of functions;
- (b) in the case of an applicant that is a corporation, each shareholder that directly owns 5% or more of a class of a voting security of the applicant, unless the applicant is a reporting issuer;
- (c) in the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the partnership's capital;
- (d) in the case of a trust that directly owns 5% or more of a class of voting shares of the applicant, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee.

2. Are there any indirect owners of the applicant?

9 Yes **9** No

If "yes", please complete Schedule "B".

Instructions for completing the table:

3. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of shares owned.

5. Ownership codes are:

- N/A less than 5%
- A 5% but less than 10%
- B 10% but less than 25%
- C 25% but less than 50%
- D 50% but less than 75%
- E 75% or more

SCHEDULE "A"
Direct Owners and Officers

6. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.

7. In the "RI" column enter "RI" if the owner is a reporting issuer

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
			MM	YYYY				

SCHEDULE "B"
Indirect Owners

Use Schedule "B" in response to Item #19 and Schedule "A" (if applicable) to provide information on the indirect owners and officers of the applicant.

Applicant

Name of Applicant:

Applicant NRD No.:

Date:

1. List below the names of:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sales of 25% or more of a class of a voting share of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital; and
 - (c) in the case of an owner that is a trust, the trust and each trustee.

Instructions for completing the table:

2. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.
3. Complete the "Status" column by entering status as partner, trustee, shareholder, etc., and if shareholder, class of shares owned.
4. Ownership codes are:
 - C 25% but less than 50%
 - D 50% but less than 75%
 - E 75% or more
 - F Other General Partners
5. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.
6. In the "RI" column enter "RI" if the owner is a reporting issuer

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Entity in Which Interest is Owned	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
				MM	YYYY				

SCHEDULE "C"
Criminal Disclosure Reporting

This Criminal Disclosure Reporting (CDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s): 920 921(a) 921(b) 922(a) 922(b)

SECTION I

The person(s) or entity(ies) for whom this CDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

Applicant

Name of Applicant	Applicant NRD No.
-------------------	-------------------

Affiliate This affiliate is: Firm Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input type="checkbox"/> yes <input type="checkbox"/> no

This CDR should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a CDR for the event? If the answer is "yes", no other information on this CDR must be provided regarding the affiliate. yes no

NOTE: The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

SECTION II

1. If charge(s) were brought against an organization over the which the applicant or affiliate exercise(d) control: enter the name of the organization; whether or not the organization was a securities-related business; and the applicant's or affiliate's position, title or relationship.

Event Disclosure Detail (use this for both organizational and individual charges)

2. (a) Date first charged _____ <small>MM/DD/YYYY</small>	<input type="checkbox"/> Exact Date If not, provide explanation: _____
--	---

- (b) Event Disclosure Detail (include: Charge(s); Description of Charge(s) and for each charge provide:
- number of counts
 - felony or misdemeanor
 - please for each charge
 - product type if charge is securities/investment related

SCHEDULE "C"
Criminal Disclosure Reporting

(c) Did any of the Charge(s) within the Event involve a Felony? yes no

(d) Current status of the Event? Pending On Appeal Final

(e) Event Status Date (*complete unless status is Pending*) _____
MM/DD/YYYY

Exact Date
If not, provide explanation: _____

Disposition Disclosure Detail

3. Include for each charge:
- disposition type (e.g. convicted, acquitted, dismissed, pre-trial, etc.);
 - date;
 - sentence/penalty;
 - duration (if sentence suspension, probation, etc.);
 - start date of penalty;
 - penalty/fine amount; and
 - date paid

4. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred.

SCHEDULE "D"

Use this Schedule "D" to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information.

Item(s) **91(b)** **91(c)** **916** **917(a)** **917(b)** **917(c)** **918(a)** **918(b)**

This is an **9** INITIAL or **9** AMENDED filing for the Form - Dealer Firm

Applicant

Name of Applicant:	Applicant NRD No.:
--------------------	--------------------

Date:

SECTION I Other Business Names Previously Used

List each of the other business names previously used and the jurisdiction(s) in which they were used.

- | | |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

SECTION II Other Business Names Currently in Use - e.g. Trade Names

List each of the other business names currently in use and the jurisdiction(s) in which they are used.

- | | |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

SECTION III Introducing/Carrying Arrangements

Complete the "Effective Date" box with the month, day and year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the "Termination Date" of the change. Complete a separate form for each introducing/carrying arrangement.

Name of Firm or Organization:	NRD No. (if any)	
Business Address (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	Effective Date:	Termination Date:
	_____	_____
Mailing Address (if different from above) (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

SCHEDULE "D"

Name of Individual (if applicable) (<i>Last, First, Middle</i>):	NRD No. (if any)	
Business Address (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	Effective Date: _____	Termination Date: _____
Mailing Address (if different from above) (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Briefly describe the nature of the arrangement:

SECTION IV Control Issues - Part 1

Complete the following information for Item 18(a).

1	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:

controls applicant

is controlled by applicant

is under common control with applicant.

Business Address (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	Effective Date: _____	Termination Date: _____
Mailing Address (if different from above) (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? Yes No

If "yes", provide country of domicile or incorporation:

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:

Securities Activities Yes No

Investment Advisory Activities Yes No

Describe the control relationship:

SCHEDULE "D"

2	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:
 controls applicant
 is controlled by applicant
 is under common control with applicant.

Business Address (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	Effective Date: _____	Termination Date: _____
Mailing Address (if different from above) (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? Yes No
 If "yes", provide country of domicile or incorporation:

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:
 Securities Activities Yes No
 Investment Advisory Activities Yes No

Describe the control relationship:

3	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:
 controls applicant
 is controlled by applicant
 is under common control with applicant.

Business Address (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	Effective Date: _____	Termination Date: _____
Mailing Address (if different from above) (<i>do not use a P.O. Box</i>) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? Yes No
 If "yes", provide country of domicile or incorporation:

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:
 Securities Activities Yes No
 Investment Advisory Activities Yes No

SCHEDULE "D"

Describe the control relationship:

SECTION IV Control Issues - Part 2

Complete the following information for Item 18(b).

1	Name of Financial Institution:	NRD No. (if any)
----------	--------------------------------	------------------

Type of Institution <i>(i.e. bank, bank holding company, trust company, credit union)</i>	Effective Date: _____ month/day/year	Termination Date: _____ month/day/year
--	--	--

Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

Mailing Address (if different from above) *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

Briefly describe the control relationship:

2	Name of Financial Institution:	NRD No. (if any)
----------	--------------------------------	------------------

Type of Institution <i>(i.e. bank, bank holding company, trust company, credit union)</i>	Effective Date: _____ month/day/year	Termination Date: _____ month/day/year
--	--	--

Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

Mailing Address (if different from above) *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

SCHEDULE "D"

Briefly describe the control relationship:

3	Name of Financial Institution:	NRD No. (if any)
----------	--------------------------------	------------------

Type of Institution
(i.e. bank, bank holding company, trust company, credit union)

Effective Date:

Termination Date:

month/day/year

month/day/year

Business Address *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

Mailing Address (if different from above) *(do not use a P.O. Box)*
(number, street, city, province/territory, postal code)

Briefly describe the control relationship:

SECTION V Other Business

Description of Primary Business

Describe your primary business (not investment dealer business):

SCHEDULE "E"
Regulatory Disclosure Reporting

This Regulatory Disclosure Reporting (RDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s): 23(a) 23(b) 24(a) 24(b) 24(c) 24(d) 24(e) 25(a) 25(b) 25(c)

SECTION I

The person(s) or entity(ies) for whom this RDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this RDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

Applicant

Name of Applicant

Applicant NRD No.

Affiliate

This affiliate is:

Firm

Individual

Name of Affiliate

(For individuals: last name, first name, middle name)

NRD No.

Registered: yes no

- This RDR should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a RDR for the event? If the answer is "yes", no other information on this RDR must be provided regarding the affiliate. yes no

NOTE: The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

SECTION II

1. Regulatory action initiated by:

- Provincial/Territorial Regulator
- SRO
- Foreign jurisdiction

Full name of regulator, SRO, or foreign regulatory authority:

2. Principal Sanction (check appropriate item):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Reprimand | <input checked="" type="checkbox"/> Penalty(ies)/Fine(s) |
| <input checked="" type="checkbox"/> Undertaking | <input checked="" type="checkbox"/> Denial |
| <input checked="" type="checkbox"/> Suspension | <input checked="" type="checkbox"/> Terms and Conditions |
| <input checked="" type="checkbox"/> Cease and Desist | <input checked="" type="checkbox"/> Other _____ |

SCHEDULE "E"
Regulatory Disclosure Reporting

3. Note which regulator, and the date where the applicant or affiliate was previously registered or licensed to deal or trade in securities or exchange contracts; and in any other capacity under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, real estate agent, private investigator, mortgage broker, etc.)

Regulator	Date Previously Registered (Month/Date/Year)
9 British Columbia Securities Commission
9 Alberta Securities Commission
9 Saskatchewan Securities Commission
9 Manitoba Securities Commission
9 Ontario Securities Commission
9 Commission des valeurs mobilières du Québec
9 New Brunswick Office of the Administrator
9 Nova Scotia Securities Commission
9 Prince Edward Island Registrar of Securities
9 Newfoundland Securities Division
9 Northwest Territories Securities Registries
9 Yukon Territory Registrar of Securities
9 Nunavut
9 Investment Dealers Association of Canada
9 Mutual Fund Dealers Association
9 Canadian Venture Exchange (CNDX)
9 Montreal Exchange
9 Toronto Stock Exchange
9 Toronto Futures Exchange
9 Winnipeg Commodity Exchange
9 NASD
9 SEC
9 US State Regulators - specify which state: _____
9 Other Regulators - specify: _____ (e.g. OSFI, Financial Services Commission of Ontario, etc.)
9 Other(specify)_____

4. Dated Initiated _____ Exact Date
 (MM/DD/YYYY) Not Exact Date
 Provide explanation _____

5. Describe the allegations related to this regulatory action.

SCHEDULE "E"
Regulatory Disclosure Reporting

6. Current Status? Pending On Appeal Final

If Final or On Appeal - complete all items below. For Pending Actions, complete Item 10 only.

7. How was the matter resolved (check appropriate item):

Dismissed

Settled

Order

Other _____

8. Resolution Date _____
(MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation _____

9. What sanction(s) were ordered (provide details of the amount of fines, duration of suspensions, length of time to rectify deficiency, etc.)?

10. Provide a brief summary of details related to the action status and/or disposition and include relevant terms, conditions and dates.

SCHEDULE "F"
Civil Proceedings Disclosure Reporting

This Civil Judicial Disclosure Reporting (CPDR) is in response to affirmative response to Item #26.

SECTION I

The person(s) or entity(ies) for whom this CPDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CPDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

Applicant

Name of Applicant	Applicant NRD No.
-------------------	-------------------

Affiliate	This affiliate is:	<input checked="" type="radio"/> Firm	<input checked="" type="radio"/> Individual
------------------	--------------------	---------------------------------------	---

Name of Affiliate (For individuals: last name, first name, middle name)	NRD No.
	Registered: <input checked="" type="radio"/> yes <input checked="" type="radio"/> no

This CPDR should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a CPDR for the event? If the answer is "yes", no other information on this CPDR must be provided regarding the affiliate. yes no

NOTE: The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

SECTION II

1. Court action initiated by: (name of regulator/SRO/exchange, agency, firm, private plaintiff, etc.)

2. Principal relief sought:

3. Other relief sought:

4. Filing date of court action:

	<input checked="" type="radio"/>	Exact Date
(MM/DD/YYYY)	<input checked="" type="radio"/>	Not Exact Date
		Provide explanation _____

SCHEDULE "F"
Civil Proceedings Disclosure Reporting

5. Principal product type:

Other product types:

6. Formal action was brought in: (include name of court, location of court - city or county and province/territory and country, case number)

7. Describe the allegations related to this civil action.

8. Current status? Pending On Appeal Final

9. If **pending**, date notice/process was served:

_____ Exact Date
(MM/DD/YYYY) Not Exact Date
Provide explanation _____

10. If on **appeal**, action appealed to (provide name of court): _____

Date Appeal filed: _____
(MM/DD/YYYY)

11. If **final**, how was the matter resolved (provide all details).

SCHEDULE "G"
Bankruptcy, Bond and Judgement/Lien Disclosure Reporting

This Disclosure Reporting page is in response to affirmative response to *(check item(s) being responded to)*:

Item(s): 27(a) 27(b) 28 29

SECTION I

The person(s) or entity(ies) for whom this Disclosure Reporting page is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this Disclosure Reporting page is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

Applicant

Name of Applicant	Applicant NRD No.
-------------------	-------------------

Affiliate This affiliate is: Firm Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input type="checkbox"/> yes <input type="checkbox"/> no

This Disclosure Reporting page should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a Disclosure Reporting page for the event? If the answer is "yes", no other information on this Disclosure Reporting page must be provided regarding the affiliate. yes no

NOTE: The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

SECTION II Bankruptcy Disclosure

1. Action type: *(check appropriate item)*
- Bankruptcy
 - Compromise
 - Declaration
 - Liquidated
 - Receivership
 - Voluntary Assignment
 - Other _____

2. Action date:

_____ Exact Date

(MM/DD/YYYY) Not Exact Date

Provide explanation _____

SCHEDULE "G"
Bankruptcy, Bond and Judgement/Lien Disclosure Reporting

3. If the financial action relates to an organization over which the applicant or affiliate exercise(d) control, enter the name of the organization and the applicant's or affiliate's position, title or relationship.

Was the organization investment related? yes no

4. Court action brought in (*name of court*), location of Court (*city or county and province/territory or country*) and docket/case number:

5. Is action currently pending? yes no

6. If not pending, provide Disposition type (check appropriate item):

- Direct payment procedure
- Discharged
- Dismissed
- Dissolved
- Satisfied/Released
- Trustee appointed
- Other _____

7. Disposition date:

_____ Exact Date
(MM/DD/YYYY) Not Exact Date
Provide explanation _____

8. Provide a brief summary of events leading to the action and if not discharged, explain.

9. If a Trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the Trustee:

Currently open? yes no

Date direct payment initiated/filed or Trustee appointed:

_____ Exact Date
(MM/DD/YYYY) Not Exact Date
Provide explanation _____

10. Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable).

SCHEDULE "G"
Bankruptcy, Bond and Judgement/Lien Disclosure Reporting

SECTION III Bond Disclosure

1. Name of Applicant	Applicant NRD Number:
2. Firm Name (Policy Holder):	
3. Bonding Company Name:	
4. Disposition Types (check appropriate item): <input type="checkbox"/> Denied <input type="checkbox"/> Payout <input type="checkbox"/> Revoked	
5. Disposition date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. If disposition resulted in payout, list payout amount and date paid:	
7. Summarize the details of circumstances leading to the necessity of the bonding company action.	

SECTION IV Judgement/Lien Disclosure

1. Name of Applicant	Applicant NRD Number:
2. Judgement/Lien Amount:	
3. Judgement/Lien Holder:	
4. Judgement/Lien Type (check appropriate item) <input type="checkbox"/> Civil <input type="checkbox"/> Default <input type="checkbox"/> Tax	
5. Date filed: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. Is Judgement/Lien outstanding? <input type="checkbox"/> yes <input type="checkbox"/> no If no, provide status date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____ If no, how was the matter resolved (check appropriate item) <input type="checkbox"/> Discharged <input type="checkbox"/> Released <input type="checkbox"/> Removed <input type="checkbox"/> Satisfied	
7. Name of court, location of Court (<i>city or county and province/territory or country</i>) and docket/case number:	

SCHEDULE "G"

Bankruptcy, Bond and Judgement/Lien Disclosure Reporting

8. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable).