

Your Entity Name _____

CSE Reference # _____

Date _____

Initial Form or Update Initial

Update

CSE DEALER FORM

Please complete this CSE Dealer Form¹ (Dealer Form) to request approval as a new Dealer or, if you are an existing Dealer, to update the information that you have previously provided us. All Dealer Forms submitted as part of your request for approval as a new Dealer must also include a signed copy of the CSE Dealer Agreement. If you have any questions, please contact us at 416.572.2000.

We reserve the right to request any additional information from you that we may deem necessary to review your request for approval as a new Dealer or subsequently following the receipt of an update to your existing Dealer Form.

Dealer Form (Initial) <input type="checkbox"/>	Dealer Form (Update) <input type="checkbox"/>
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Part 1 General Information:

1. Dealer Name

Please state the full legal name of the Dealer completing this Dealer Form. If this is a name change or the firm is the successor following a merger, acquisition, etc, please provide the name(s) of the predecessor firms.

2. Dealer Entity Type:

Please provide entity details (partnership, corporation, etc.) and jurisdiction of entity formation.

Type of Entity:
Jurisdiction of formation and governing statute (if applicable):

3. Dealer Regulatory Information

Please provide a list of your current registrations relating to trading or advising in securities, commodities, or futures (please specify jurisdiction, regulatory authority, category of registration,

¹This CSE Dealer Form, in combination with the CSE Dealer Agreement, serve as your application for approval as a Dealer under section 2-102 of CSE Trading Rule 2.

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dates of registration)

4. Description of Dealer’s Business

Please provide a general description of your principal business and the services offered for inclusion in CSE’s Dealer directory. If you have a US Desk that will accept client orders from US firms, please provide contact information for a representative of your US Desk.

<i>Description:</i>
<i>US Desk:</i>

5. Head Office Address

Please provide the complete address.

Phone Number	Fax Number
Website	
Street Address	
City, Province/State, Postal/Zip Code	Country

6. Dealer Representative

Please provide the name and contact information of the individual appointed as your CSE representative (“Representative”). The Representative must be a senior officer, director, or

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partner of your organization.

First Name Last Name	Title
Direct Phone	Direct Fax
Email Address	
Street Address (if different from Head Office)	
City, Province/State, Postal/Zip Code	Country

7. Back-up CSE Representative(s)

Your Representative must approve all of your traders who wish to trade on the CSE Trading System and all market making applications. If your Representative would like to appoint one or more back-up representatives authorized to sign on your behalf, please provide their name(s), telephone number(s) and email address(es) below. Please also indicate any restrictions, e.g. authorized only to approve trader applications, not market making applications, etc. (Leave blank if not assigning a back-up.)

First Name Last Name	Title
Phone Number	Fax Number
Email Address	
Restrictions	
First Name Last Name	Title
Phone Number	Fax Number
Email Address	
Restrictions	

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8. Head of Trading

Please provide the name, telephone number and email address of the person designated as head of trading at your organization.

First Name Last Name	Title
Phone Number	Fax Number
Email Address	

9. Chief Compliance Officer

Please provide the name, telephone number and email address of the person designated as your compliance officer. You may also provide contact details for back-up compliance officers.

First Name Last Name (Primary)	Title
Phone Number	Fax Number
Email Address	
First Name Last Name (Secondary)	Title
Phone Number	Fax Number
Email Address	

10. Technical Contact

Please provide the name, telephone number and email address of the person(s) appointed as your technical/operations person(s) for connectivity and technical implementation information.

First Name Last Name (Primary)	Title
Phone Number	Fax Number
Email Address	

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First Name Last Name (Secondary)	Title
Phone Number	Fax Number
Email Address	

11. Back Office Contact:

Please provide the name, telephone number and email address of the person(s) to whom CSE should send fill reports, outstanding order and jitney reports.

First Name Last Name (Primary)	Title
Phone Number	Fax Number
Email Address	
First Name Last Name (Secondary)	Title
Phone Number	Fax Number
Email Address	

12. TSX Trading Number (If Assigned):

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13. CDS Clearing Number (CUID Code):

If you have a clearing arrangement with another firm that is not a Dealer, please request a clearing agreement from the CSE. In that case, this Dealer Form must be completed by both you and the clearing member.

Your CUID Code:	
Clearing Member:	

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14. Regulatory History

Have you been subject to any disciplinary proceedings by any registering authority, self-regulatory organization, or stock exchanges in the past five years? If you answer yes, please provide details below, including a description of the resolution of each proceeding.

YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered yes, please provide details below. Attach additional pages to the DIF if necessary.	

Part 2 Dealer Banking Information:

If, upon your submission of this Dealer Form to CSE, CSE approves you as a Dealer, you shall pay the set-up fee, as may be amended by CSE from time to time, and any applicable taxes, before you are granted access to trade on the CSE Trading System. These set up fees are due and payable to CNSX Markets Inc. within the payment terms specified on the invoice. If such fee is not received within 30 days of approval, such approval shall lapse and you may be required to re-submit a Dealer Form for CSE’s consideration.

Upon being granted access to trade on the CSE Trading System, you shall pay such fees and charges for access and trading as fixed by CSE, which shall become due and payable to CNSX Markets Inc. within the payment terms specified on the invoice.

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This Dealer Form must be accompanied by a cheque representing the full set up fee and any applicable taxes as well as a void cheque and pre-authorized debit (PAD) or CDS Authorization for the automatic withdrawal of monthly access and trading fees, if applicable.

Please provide the name, telephone number and email address of the contact person responsible for accounts payable.

First Name Last Name (Primary)	Title
Phone Number	Fax Number
Email Address	
First Name Last Name (Secondary)	Title
Phone Number	Fax Number
Email Address	

15. GST/HST Registration Number:

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Part 3 Certification:

I hereby certify that the foregoing statements are true and correct to the best of its knowledge and hereby undertake to notify the CSE in writing of any material changes herein as prescribed in the CSE Rules.

Dated at this day of

By

Print Name of Dealer

Print Name of Authorized Signatory for Dealer

Title of Authorized Signatory for Dealer

Signature of Authorized Signatory Dealer