

# New Member Form



For AQS use only: CP Short Code \_\_\_\_\_ Counterparty Type ☐ CM ☐ NCM

Please provide the following information for your company. All fields are required.

Co Name \_\_\_\_\_ OCC ID # \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_ DTC TRADING ACCT # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

## TRADING Contact

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## OPERATIONS Contact

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## COMPLIANCE Contact

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## CORPORATE ACTIONS Contact

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## RECALLS/BUY-INS Contact

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

For AQS use only

☐ Primary Market Lend Allowed

Credit Currency \_\_\_\_\_

Start Date \_\_\_\_\_

Gross Credit Limits \_\_\_\_\_

Calender \_\_\_\_\_

End Date \_\_\_\_\_

Net Credit Limits \_\_\_\_\_

BIC Code \_\_\_\_\_

Click Submit Form in the top-right corner to send to AQS Operations.