

Member Firm:

Member Firm CRD #:

Address:

City:

State:

Zip Code:

Member Firm Telephone #:

Name of Individual Making Application:

Title:

Telephone #:

Name of Individual Making Application's Email Address:

I. Type of Business Activity *(indicate all that apply)*

MIAX Pearl Equities Member

Equities Market Maker

Sponsored User

Equities Order Entry Firm

Self-Clearing #(s):

Clearing Firm

Clearing Arrangement with #(s):

Trading Categories:

Proprietary Trading

Transact Business with the Public

Other:

II. Organizational Structure

Limited Liability Company

Partnership

Corporation

Other:

III. Business and Operating Information

Type of trading activities description:

Description of market maker, order routing and processing systems:

Application Contact:

Name: Title:
Telephone: Email:

Technical Contact:

Name: Title:
Telephone: Email:

Trading/Business Contact:

Name: Title:
Telephone: Email:

Regulatory Contact:

Name: Title:
Telephone: Email:

IV. Miscellaneous Information

Designated Examining Authority:

Will your firm require connectivity to MIAX Pearl Equities? Yes No

Will your firm be routing orders to MIAX Pearl Equities through another firm? Yes No

Explain:

Will your firm be doing a public business? Yes No

Will your firm receive Market Data from MIAX Pearl Equities? Yes No

Is your firm (or an affiliate) publicly traded? Symbol: Exchange: No

Encrypted electronic filings are advisable for secure personal or financial information.