



**BRANCH/SUB-BRANCH OFFICE OPENING**

**BRANCH**

**SUB-BRANCH**

1) **NAME OF MEMBER FIRM:** \_\_\_\_\_

2) **BRANCH/SUB-BRANCH NAME** (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

3) **DATE OF OPENING:** \_\_\_\_\_

4) **BRANCH MANAGER** (in the case of a sub-branch, name and branch of the branch manager or partner, director or officer responsible for supervision):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Location: \_\_\_\_\_

5) **If this is a for a Sub-Branch, please provide the following:**

1. # of sub-branches already supervised by the designated supervisor: \_\_\_\_\_

2. Frequency of visits to the sub-branch office by the designated supervisor: \_\_\_\_\_

3. Confirmation that the designated supervisor is aware of the requirements under Policy 2.

4. Confirmation that the designated supervisor has access to the sub-branch office records and accounts to conduct daily trade reviews.

6) **WILL THIS BRANCH TRADE IN FUTURES CONTRACT OPTIONS?**

Yes - Futures and Securities

Yes - Futures only

No

**7) REGISTERED PERSONNEL**

List all registered personnel who will be working at this location, along with their categories of registration.  
*(continue on a separate page if necessary)*

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\_\_\_\_\_  
Name of Partner, Director or Officer (please print)

\_\_\_\_\_  
Signature of Partner, Director or Officer

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date