



Investment Industry Regulatory Organization of Canada MTRS 2.0 Dealer Member Enrollment

Dealer Member Information

Legal Name of Dealer Member Entity: _____

Legal Entity Identifier (LEI): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Business Contact

Name: _____

Phone: _____ Email: _____

Technical Contact

Name: _____

Phone: _____ Email: _____

Transaction Information

Bond Transactions: Yes No Retail Transactions: Yes No

Money Market Transactions: Yes No Institutional Transactions: Yes No

Repo Transactions: Yes No

Carrying Dealer: Yes No

If yes, please attach list of Introducing Dealer Member Legal Names.

Authorized Agent Information

Legal Name of Authorized Agent: _____

Contact Name: _____

Phone: _____ Email: _____

Please attach additional Authorized Agents if needed.

Dealer Member Authorization

Name: _____

Title: _____

Signature: _____

Phone: _____ Email: _____