

Investment Industry Regulatory Organization of Canada MTRS 2.0 Reporting Entity Enrollment

Reporting Entity Information

Legal Name of Reporting 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 Reporting Entity Legal Names.

Authorized Agent Information

Legal Name of Authorized Agent: _____
 Contact Name: _____
 Phone: _____ Email: _____

Please attach additional Authorized Agents if needed.

Reporting Entity Authorization

Name: _____
 Title: _____
 Signature: _____
 Phone: _____ Email: _____