

FIRM NAME:

CRD #:

1. GENERAL INFORMATION

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer or investment adviser would violate the federal securities laws, *self-regulatory organization* rules, and the laws of the *jurisdictions*, and may result in disciplinary, administrative, injunctive, or criminal action.

Applicant CRD#:

Name and principal place of business of firm filing this form:

Applicant Name:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Firm Billing Code (Firm Branch Designation):

NYSE Branch Code Number:

CRD Branch Number:

Branch Office Location:

Branch Address Street 1:

Branch Address Street 2:

City:

State:

Country:

Postal Code:

By filing this amendment to relocate this branch from, and/or to, a state that requires registration or notice filing of branch offices, *applicant* acknowledges that it is *closing* the branch in _____ [and requesting branch registration or notice filing in _____].

Private Residence Check Box: If this address is a private residence, check this box. ☐

Branch Telephone Number:

Branch Facsimile Number:

FIRM NAME:	CRD #:
-------------------	---------------

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE**Register/Notice File Branch with SRO/Jurisdiction:**
☐ FINRA ☐ NYSE ☐ Jurisdiction: _____

By filing an amendment to relocate this branch to another state, *applicant* acknowledges that submission of this amendment closes this branch in _____ [and requests branch registration in _____] [and requests notice filing in _____].

☐ By unchecking NYSE registration and checking this box, *applicant* attests that it is not required under NYSE rules to register this branch location with the NYSE.

Type of Branch Office Registration: ☐ Broker-Dealer ☐ Investment Adviser

Is this a FINRA Office of Supervisory Jurisdiction (OSJ)?: ☐ Yes ☐ No

If not, indicate the CRD branch number, or firm billing code, for the OSJ that has supervisory responsibility for this branch, and the CRD Number of the supervisor in charge of that OSJ:

CRD Branch Number:	Firm Billing Code (Firm Branch Designation):	OSJ Supervisor CRD Number:
---------------------------	---	-----------------------------------

NYSE Type of Office: ☐ Small Branch ☐ Regular Branch

If this is an NYSE *Small Branch*, indicate the CRD branch number, NYSE branch code number or firm billing code of the location from which this branch is supervised, and the supervisor's CRD number:

CRD Branch Number:	NYSE Branch Code Number:
Firm Billing Code (Firm Branch Designation):	Supervisor CRD Number:

Enter the name and/or CRD# of each supervisor(s)/person(s)-in-charge:

Name:	CRD Number:	☐ Person-In-Charge ☐ Supervisor	☐ Delete
Name:	CRD Number:	☐ Person-In-Charge ☐ Supervisor	☐ Delete
Name:	CRD Number:	☐ Person-In-Charge ☐ Supervisor	☐ Delete

FIRM NAME:

CRD #:

3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITESIndicate the types of financial industry activities conducted by the *applicant* at this branch (Check all that apply):

- ☐ Sales
☐ Investment Advisory Services
☐ Investment Banking
☐ Research
☐ Market Making
☐ Back Office Operations
☐ Underwriting

Does any associated person conduct, at this branch, *investment-related* activities in addition to the activities indicated above?:☐ Yes ☐ No

If yes, provide description:

Will any associated person of this branch office conduct any *investment-related* activities at this branch office under any name other than those names disclosed on the *applicant's* Form BD or Form ADV?: ☐ Yes ☐ No

If yes, provide all other business names for this location:

Name:

☐ Delete

Name:

☐ Delete

Name:

☐ DeleteDoes this branch office use a website other than the primary website address used by the *applicant*?: ☐ Yes ☐ No

If yes, provide the website address(es):

Website Address:

☐ Delete

Website Address:

☐ Delete

Website Address:

☐ Delete

FIRM NAME:

CRD #:

4. BRANCH OFFICE ARRANGEMENTS

Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?: ☐ Yes ☐ No

If yes, enter the name of the institution(s):

Name:

Name:

Name:

Is this a business location that will operate pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?: ☐ Yes ☐ No

If yes, provide the name(s) of the entity(ies) and/ or person(s) with whom the agreement or contract was entered:

Entity:

Entity:

Entity:

Will the branch office have primary responsibility for decisions relating to the employment and remuneration of its registered representatives?: ☐ Yes ☐ No

Does the branch office assume liability for its own expenses?: ☐ Yes ☐ No

Does any *person* other than the *applicant* have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?: ☐ Yes ☐ No

If yes:

(1) Provide the following information for each entity or person responsible for expenses or with a financial interest:

Name:	☐ Firm ☐ Individual	CRD #:	Registered: ☐ Yes ☐ No	EIN:	☐ Delete
Name:	☐ Firm ☐ Individual	CRD #:	Registered: ☐ Yes ☐ No	EIN:	☐ Delete
Name:	☐ Firm ☐ Individual	CRD #:	Registered: ☐ Yes ☐ No	EIN:	☐ Delete

(2) Provide an explanation of the expense payment/financial interest arrangement:

FIRM NAME:

CRD #:

5. ASSOCIATED INDIVIDUALS

Complete this section for initial filings only.

List all registered individuals other than the *supervisor(s)/person(s)-in-charge* that will be associated with this branch:

Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:

FIRM NAME:	CRD #:
------------	--------

6. NYSE BRANCH INFORMATION

NYSE Rule 342(c) requires prior consent of each branch office location with each such location having a qualified person-in-charge acceptable to the NYSE.

Complete the items in this section for initial filings only.

1. Anticipated Date of Opening (MM/DD/YYYY):

If Anticipated Date of Opening is prior to the date the application is filed, explain:

2. Is the estimated cost of opening and equipping this branch office greater than 10% of the *applicant's* most recent excess net capital?:

☐ Yes ☐ No

If yes, enter the cost of opening and equipping the office: \$

3. What is the estimated number of active accounts to be serviced (if applicable)?:

4. Has this branch office been acquired from another broker/dealer or other financial institution?: ☐ Yes ☐ No

If yes, state the name of the organization:

Date of transaction (MM/DD/YYYY):

Complete the following items on all filings:

5. Enter the CRD number of the on-site *Supervisor/Person-in-Charge* who is responsible for the supervision at this location:

6. Will Options Business be conducted from this location?: ☐ Yes ☐ No

If yes, enter the CRD number of the registered Options Principal (OP) or Branch Office Manager (BM) who is responsible for the supervision of the Options business:

7. If both the Research and Investment Banking activities are indicated on the activity section of this form answer the following question:

Does the *applicant* have information barriers in place?: ☐ Yes ☐ No

8. Other than the main office, are any of the records pertaining to this office maintained at any other location?: ☐ Yes ☐ No

If yes, provide the location(s):

Address:	Telephone Number:	☐ Delete
Address:	Telephone Number:	☐ Delete
Address:	Telephone Number:	☐ Delete

9. Name and address where branch office certificates will be sent, if different from this branch office address:

Name:

Certificate Address Street 1:

Certificate Address Street 2:

City:

State:

Country:

Postal Code:

10. Is this office to be listed in the NYSE Bulletin?: ☐ Yes ☐ No

11. Will the office be shared with any other organization?: ☐ Yes ☐ No

If Yes, complete the "NYSE Office Space Sharing Form" to enter a description of how the arrangement will comply with NYSE Rule 343.

FIRM NAME:

CRD #:

NYSE Office Space Sharing Form - Rule 343

Rule 343:

No office or foreign incorporated branch of an NYSE member or member organization shall be jointly occupied with any other broker or dealer, investment advisor, or other person who conducts a securities or commodities business with the public unless such member or member organization submits, and receives NYSE approval of, an attestation that the office space sharing arrangement conforms with Rule 343.

6. NYSE BRANCH INFORMATION - OFFICE SHARING

Name of Entity with whom the member or member organization *applicant* intends to share space:

Name:

CRD #:

A space sharing arrangement is permissible if it completely conforms to at least one of the four descriptions outlined in the sections listed below. If the arrangement does not comply with all provisions of any given section, check all applicable representations and include any additional extenuating circumstances which may warrant approval of the arrangement in the 'comments' dialogue box provided.

Select the type of arrangement under which the *applicant* is seeking approval by checking the applicable box(es).

1. ☐ As a clearing member organization we intend to furnish office space, telephone or other facilities to our introducing non-clearing member organization.

--or--

2. We understand that a member or member organization may share office space with a broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

- ☐ the arrangement is not contrary to the rules of any *self-regulatory organization*; and
- ☐ there is little or no customer traffic in the office of either organization; and
- ☐ sufficient separation exists to enable customers who do visit to identify the individual or organization with which they are transacting business; and
- ☐ employees can be clearly identified as to their respective employer; and
- ☐ clearance has been obtained from the member organization's fidelity insurance carrier and auditors.

--or--

3. We understand that a member or member organization may share office space with another broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

- ☐ such space is separated by ceiling-high solid walls; and
- ☐ such space has direct access to a public hall, main corridor or street; and
- ☐ the name of each organization is placed on the door to such space; and
- ☐ there are no connecting doors or windows between the space to be jointly occupied; and
- ☐ the names are not listed under the same telephone number, and the telephone number of the member is not used on the letterhead or on any advertising of any other member or non-member. (Also see Rule 36.60)

--or--

4. ☐ We intend to share office space with a person who is neither a broker nor a dealer, nor an investment advisor, nor a person who otherwise conducts securities or commodities business with the public.

The proposed office space-sharing arrangement will be located on floor #:

Additional Comments:

FIRM NAME:

CRD #:

7. BRANCH CLOSING

Date operations ceased or will cease at the branch office (MM/DD/YYYY):

Location of Books and Records:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Contact Name and Telephone Number:

First Name:

Last Name:

Daytime Telephone Number:

8. BRANCH WITHDRAWAL

Date of *Withdrawal* (MM/DD/YYYY):Reason for *Withdrawal*:

Contact Name and Telephone Number:

First Name:

Last Name:

Daytime Telephone Number:

9. SIGNATURE

The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the *applicant*. The undersigned and the *applicant* represent that the information and statements contained herein, and all materials filed in connection with this form, are current, true and complete. The undersigned and the *applicant* further represent that to the extent any information previously submitted is not amended, such information is accurate and complete. False statements on this application or any amendment thereto shall constitute a violation of the rules of the applicable *SRO(s)* and/or *jurisdiction(s)*.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The *applicant* or *applicant's* agent has typed the *applicant's* name under this section to attest to the completeness and accuracy of this record. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

Date (MM/DD/YYYY)

Name of Person Filing Form

Signature of *Appropriate Signatory*

Title of Person Filing Form

Telephone Number of Person Filing Form