

<b>FORM SBSE-A</b> Page 1 (Execution Page)	<b>Application for Registration as a Security-based Swap Dealer and Major Security-based Swap Participant that is Registered or Registering with the CFTC as a Swap Dealer or Major Swap Participant</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Date: _____</span> <span>Applicant NFA Number: <b>519517</b></span> </div>	<b>Official Use</b>	Official Use Only
<div style="display: flex;"> <div style="width: 15%;"><b>WARNING:</b></div> <div>           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 an SBS Entity, would violate the Federal securities laws and the laws of the <i>jurisdictions</i> and may result in disciplinary, administrative, injunctive or criminal action.         </div> </div>			
<b>INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.</b> <small>See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)</small>			
<div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> APPLICATION</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div>			
1. Exact name, principal business address, mailing address, if different, and telephone number of the <i>applicant</i> :			
<div style="display: flex;"> <div style="width: 30%;">           A. Full name of the <i>applicant</i>:  <input type="text" value="Citigroup Global Markets Europe AG"/> </div> <div style="width: 70%;">           B. IRS Empl. Ident. No.:  <input type="text" value="None"/> </div> </div>			
<div style="display: flex;"> <div style="width: 33%;">           C. Applicant's NFA ID #:  <input type="text" value="519517"/> </div> <div style="width: 33%;">           Applicant's CIK # (if any):  <input type="text" value="0001279224"/> </div> <div style="width: 33%;">           Applicant's UIC # (if any):  <input type="text" value="6TJCK1B7E7UTXP528Y04"/> </div> </div>			
D. <i>Applicant's</i> Main Address: (Do not use a P.O. Box)			
<div style="display: flex;"> <div style="width: 50%;">           Number and Street 1:  <input type="text" value="Reuterweg 16"/> </div> <div style="width: 50%;">           Number and Street 2:  <input type="text"/> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>           City:  <input type="text" value="Frankfurt Am Main"/> </div> <div>           State:  <input type="text"/> </div> <div>           Country:  <input type="text" value="Germany"/> </div> <div>           Zip/Postal Code:  <input type="text" value="60323"/> </div> </div>			
E. Mailing Address, if different:			
<div style="display: flex;"> <div style="width: 50%;">           Number and Street 1:  <input type="text"/> </div> <div style="width: 50%;">           Number and Street 2:  <input type="text"/> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>           City:  <input type="text"/> </div> <div>           State:  <input type="text"/> </div> <div>           Country:  <input type="text"/> </div> <div>           Zip/Postal Code:  <input type="text"/> </div> </div>			
F. Business Telephone Number: <input type="text" value="+49 (69) 1366-5134"/>			
G Website/URL: <input type="text" value="N/A"/>			
H. Contact Employee:			
<div style="display: flex;"> <div style="width: 50%;">           Name:  <input type="text" value="Michael McClain"/> </div> <div style="width: 50%;">           Title:  <input type="text" value="SVP, Compliance Product Director"/> </div> </div>			
<div style="display: flex;"> <div style="width: 50%;">           Telephone Number:  <input type="text" value="(716) 730-6178"/> </div> <div style="width: 50%;">           Email Address:  <input type="text" value="michael.mcclain@citi.com"/> </div> </div>			
I. Chief Compliance Officer designated by the <i>applicant</i> in accordance with Exchange Act Section 15F(k):			
<div style="display: flex;"> <div style="width: 50%;">           Name:  <input type="text" value="Sabine Huppert"/> </div> <div style="width: 50%;">           Title:  <input type="text" value="Chief Compliance Officer, Security-Based Swap Dealer"/> </div> </div>			
<div style="display: flex;"> <div style="width: 50%;">           Telephone Number:  <input type="text" value="+49 69 13665134"/> </div> <div style="width: 50%;">           Email Address:  <input type="text" value="sabine.huppert@citi.com"/> </div> </div>			
<b>EXECUTION:</b>			
<p>The applicant consents that service of any civil action brought by or notice of any proceeding before the Securities and Exchange Commission in connection with the applicant's security-based swap activities, unless the applicant is a nonresident SBS Entity, may be given by registered or certified mail or confirmed telegram to the applicant's contact employee at the main address, or mailing address if different, given in Items 1E and 1F. If the applicant is a nonresident SBS Entity, it must complete Schedule F to designate a U.S. agent for service of process.</p> <p>The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statements contained herein, including schedules attached hereto, and other information filed herewith are current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.</p>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/>            Date (MM/DD/YYYY)            By:             Signature         </div> <div style="width: 50%;"> <input type="text" value="Citigroup Global Markets Europe"/>            Name of Applicant  <input type="text" value="Sabine Huppert, Chief Compliance Officer, Security-Based Swap Dealer"/>            Name and Title of Person Signing on <i>Applicant's</i> behalf         </div> </div>			
<b>This page must always be completed in full.</b>			
<b>DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY</b>			