

FORM CA-1

FORM FOR REGISTRATION OR FOR EXEMPTION FROM REGISTRATION AS A CLEARING AGENCY AND FOR AMENDMENT TO REGISTRATION AS A CLEARING AGENCY PURSUANT TO THE SECURITIES EXCHANGE ACT OF 1934

GENERAL

Form CA-1 is to be used to apply for registration or for exemption from registration as a clearing agency and to amend registration as a clearing agency with the Securities and Exchange Commission pursuant to Section 17A of the Securities and Exchange Act of 1934. Read all instructions before preparing the Form. Please type or print all responses.

DTCC ITP LLC

(Exact name of registrant as specified in charter)

570 Washington Boulevard, Jersey City, NJ 07310

(Address of registrant's principal place of business)

This Form is filed
as:

- ☐ a registration
☒ a request for exemption from registration
☐ an amendment

If filed as a registration, does registrant request the Commission to consider granting registration in accordance with paragraph (c)(1) of Rule 17Ab2-1 under the Act?..... ☐ Yes ☐ No

EXECUTION

The Registrant submitting this Form, its schedules, its exhibits and its attachments and the person by whom it is executed represent hereby that all information contained herein is true, current and complete. Submission of any amendment after registration has become effective represents that items 1-3 and any schedules, exhibits and attachments related to items 1-3 remain true, current and complete as previously submitted.

Registrant agrees and consents that the notice of any proceedings under Sections 17A or 19 of the Act involving registrant may be given by sending such notice by registered or certified mail or confirmed telegram to the person named, and at the address given, in response to item 2.

Dated the 17th day of September, 2025

DTCC ITP LLC

(Name of clearing agency)

(Manual signature of Principal Officer or duly authorized Principal)

Principal
(Title)

ATTENTION: Intentional misstatements or omissions of fact constitute Federal Criminal Violations
(See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a))

GENERAL INFORMATION

1. Exact name, principal business address, mailing address (if different) and telephone number of registrant:

Name of registrant: DTCC ITP LLC _____ IRS Employee Identification No. [REDACTED] _____

Name under which clearing agency activities are conducted, if different: _____

If name of registrant is hereby amended, state name under which registered previously: N/A

If name under which clearing agency activities are conducted is hereby amended, state name given previously:
N/A

Address of principal place of business:

570 Washington Boulevard Jersey City NJ 07310

Number and Street City State Zip Code
Mailing address, if different:

Number and Street City State Zip Code
Telephone Number: [REDACTED] [REDACTED]
Area Code Telephone Number

2. Name, title, mailing address and telephone number of person in charge of registrant's clearing agency activities:

Brian Steele Principal
Name Title

570 Washington Boulevard Jersey City NJ 07310
Number and Street City State Zip Code

Telephone Number: [REDACTED] [REDACTED]
Area Code Telephone Number

3. (a) If registrant is a corporation or a national association: state date on which registrant was incorporated or organized and jurisdiction in which incorporated or under which organized:

Date: _____ Jurisdiction: _____

(b) If registrant is not a corporation or a national association, describe on Schedule A the form of organization under which registrant conducts its business and identify the jurisdiction in which registrant is organized.

4. Does registrant have any arrangement with any other person under which, with respect to registrant's clearing agency activities, such other person processes, keeps, transmits or maintains any securities, funds, records or accounts of registrant or registrant's participants relating to clearing agency activities?..... ☒ Yes ☐ No

If answer is "yes," furnish on Schedule A, as to each such arrangement, the full name and principal business address of the other person and a brief summary of each such arrangement.

5. (a) With respect to clearing agency activities, please provide the following information regarding the type of insurance carried or provided:

Type of Insurance	Yes	No	Amount of Coverage	Amount of Deductible
1. Blanket Bond	X		\$100 million	\$1 million
2. Fidelity	X		\$100 million	\$1 million

3. Errors and Omissions	X		\$100 million	\$1 million
4. Mail Policy	X		\$20 million per shipping package for non-negotiable \$5 million per shipping package for negotiable securities	Nil
5. Air Courier	X		\$20 million per shipping package for non-negotiable \$5 million per shipping package for negotiable securities	Nil
6. Lost Instrument	X		No Limit	Pre-determined rate for non-negotiable and negotiable instruments.
7. Other (please specify on Schedule A)	See Schedule A		\$	\$

(b) If any of registrant's clearing activities are not covered by insurance, has provision been made for self-insurance? ☐ Yes

☒ No

If yes, indicate on Schedule A the provisions made for self-insurance (e.g., accounting reserve or funded reserve) and the amount thereof.

(c) (i) As a result of registrant's clearing agency activities, is registrant exposed to loss if a participant falls to perform its obligations to the clearing agency, any other participant or any other person?

..... ☐ Yes ☒ No

(ii) If "yes," describe on Schedule A the operational, organizational or other rules, procedures or practices (citing rules if applicable) which result in registrant's exposure to loss.

(d) (i) Does the registrant maintain a clearing or participants' fund, mark to the market open obligations involving the purchase or sale of securities or otherwise require participants to protect registrant against losses to which it may be exposed as a result of a participant's failure to perform its obligations to the clearing agency, any other participant or any other person?

..... ☐ Yes ☒ No

(ii) If "yes," describe on Schedule A the operational, organizational or other rules, procedures or practices (citing rules if applicable) which are designed to protect registrant against any such losses.

6. (a) Is registrant audited by an independent accountant? ☒ Yes
☐ No

(b) If registrant is audited by an independent accountant, does the audit include a review of internal controls related to clearing agency activities?

..... ☒ Yes ☐ No

(c) Fiscal year-end of registrant 31st of December (Day/Month)

7. (a) What are registrant's internal policies and procedures for reconciling differences (including long and short stock record differences and dividend differences) in its clearing agency activities?

(b) State, as of September 30, 1975, the dollar amount of the potential exposure of registrant, if any, as a result of differences (without offsetting long differences against short differences and without offsetting any suspense account items) in its clearing agency activities not resolved after 20 business days. \$ 0

8. (a) How many employees does registrant have engaged in clearing agency activities? 0

(b) How many years has registrant performed clearing agency activities? 0

9. (a) Are registrant's clearing agency activities subject to regulation by any federal agency other than the Commission or by any state or political subdivision?

..... ☐ Yes ☒ No

If yes, specify the name of the agency, state or political subdivision:

- (b) Have the registrant's clearing agency activities been the subject of periodic examinations by any federal agency other than the Commission or by any state or political subdivision?

..... ☐ Yes ☒ No

If yes, specify the name of the agency, state or political subdivision:
