

## **24X National Exchange Market Maker Registration Application**

Members applying to become Market Makers registered with 24X National Exchange LLC ("Exchange") are required to complete this Market Maker Registration Application. The Exchange may require additional information from any Applicant prior to determining whether to register such Applicant as a Market Maker.

To apply, please complete this Market Maker Registration Application and submit with all required supplementary materials through the Exchange's User Portal or via email to <a href="mailto:membership@24exchange.com">membership@24exchange.com</a>.

Applicants are required to update any information submitted in the application when and if it becomes inaccurate or incomplete after submission.

GENERAL INFORMATION					
Date:	CRD #:				
Name of Applicant:					
Address of Principal Office:					
City:	S	tate:	Zip:		
APPLICATION CONTACT					
Name:		Title:			
Phone:		Email:			
OTHER BUSINESS ACTIVITIES					
	Public Securities Busines Dealer/Specialist		prietary Trading er:		
If the Applicant is a Market Maker or Dealer/Specialist, please provide a list of the registered national securities exchange(s) or association(s) on which the Applicant has been approved as such:					
SECURITIES					
Estimate the number of securities in which the Applicant intends to become registered as a Market Maker:					
NET CAPITAL					
Excess Net Capital Amount:		As of Date:			
Source of Net Capital:					
Most recent FOCUS Report enclosed - required					



MARKET MAKER AUTHORIZED TRADERS				
To be eligible for registration as a Market Maker Authorized Trader ("MMAT"), as defined in Exchange Rule 11.17, a person must successfully complete proficiency examinations and continuing education requirements applicable to Authorized Traders, as set forth in Interpretation and Policies .01 and .02 to Exchange Rule 2.5.¹ Market Makers must maintain a current list of MMATs who are permitted to enter orders on behalf of the Market Maker pursuant to Exchange Rule 11.20(a)(4).				
Name: Series 7 Qualification Series 57 Qualification	CRD #:	Date of Employment:		
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The undersigned attests that the information provided in this application on behalf of the Applicant is complete and accurate. Furthermore, the undersigned acknowledges that the Applicant agrees to update the application as necessary, and to abide by all rules of the Exchange, and interpretations thereof, as they currently exist and as they may be added, supplemented and/or amended from time to time.				
Signature of Authorized Officer, Partner or Managing Membersole Proprietor	er or			
Printed Name				
Title				
Date				

In exceptional cases and where good cause is shown, the Exchange may waive such requirement. Contact Membership Services at <a href="membership@24exchange.com">membership@24exchange.com</a> or [ ] for more information regarding requesting a waiver of the proficiency exam requirement.