



PART V: BSTX APPLICANT-FIRM INFORMATION

Return to: BOX Exchange LLC (the "Exchange")
Attn: Membership
101 Arch Street, Suite 610
Boston, MA 02110
Ph: (617) 235-2315
Email: membership@boxregulation.com

Date of Application: _____

1. Name: _____
(Full and Legal Name of BSTX Applicant-Firm)

2. Address: _____
(Street) (Telephone)

(City, State, Zip) (Fax Number)

3. Primary Contact _____
(Name) (Title)

(Telephone) (Fax) (Email Address)

(a) Regulatory Contact (if different): _____

(b) Billing Contact (if different): _____

4. Type of Entity: (check one) Corporation Partnership LLC LLP
 Other: (Explain) _____

EXHIBIT 3A

5. The BSTX Applicant-Firm intends to register as a(n) (Check all that apply):

- Market Maker Designated Market Maker (“DMM”)

6. Is the BSTX Applicant-Firm an entity formed under and subject to the laws of the United States?

- (check one) Yes No

(a) If “no,” does the company have a registered subsidiary formed under and subject to the laws of United States? _____

1. State the name and address of such subsidiary and primary contact information:

7. BSTX Applicant-Firm’s Central Registration Depository (CRD) number: _____

8. Designated Examining Authority (“DEA”): Check if: FINRA Member

Other (Please provide name): _____

9. Identify the clearing member through which BSTX Applicant-Firm will clear transactions on BSTX:

10. Beneficial Ownership Information: (NOTE: if either part of this question is yes, please provide an organizational chart showing the affiliations)

- (a) Does any entity beneficially own, directly or indirectly, an interest of 10% or more in the BSTX Applicant-Firm? (check one) Yes No
- (b) Does the BSTX Applicant-Firm own a beneficial interest, directly or indirectly, of 10% or more in any BOX Options Participant or BSTX Participant? (check one) Yes No
- (c) Is the BSTX Applicant-Firm currently a BOX Options Participant? (check one) Yes No

11. BSTX Applicant-Firms is requested to provide the following supplemental information:

- (a) A copy of the Applicant-Firm’s current Form BD.
- (b) An organizational chart, including the names of BSTX Applicant-Firm’s chief executive officer, chief financial officer, chief operating officer, and chief compliance officer.

EXHIBIT 3A

- (c) A description of BSTX Applicant-Firm's proposed trading activities on BSTX as it pertains to the following: (Include a statement of the extent to which BSTX Applicant-Firm currently is conducting such activities as a member of other SRO(s).)
 - 1. ORDER FLOW PROVIDER: Please indicate the nature of such activity (e.g. x % retail orders and/or x % BD orders);
 - 2. MARKET MAKER;
 - 3. ORDER FLOW PROVIDER AND MARKET MAKER;
- (d) A description of the manner in which BSTX Applicant-Firm receives orders from customers such as electronically, via Internet or proprietary communication devices, and the process and/or systems used. Include basic diagrams to illustrate processes if necessary.
- (e) A description of the manner in which BSTX Applicant-Firm will send orders to BSTX, such as through an internet processing system or through a third party order routing service. Include basic diagrams if necessary.
- (f) Please provide a copy of BSTX Applicant-Firm's written supervisory procedures and information barrier procedures.

12. Supplemental Information for Market Maker Member BSTX Applicant-Firms. In addition to the information requested above, BSTX Applicant-Firms acting as Market Makers are requested to provide the following information:

- (a) A list of:
 - 1. The office(s) from which BSTX Applicant-Firm will conduct BSTX market making activity;
 - 2. The individual(s) responsible for supervising such trading activity.

EXHIBIT 3A

Part VI: BSTX MARKET MAKER APPLICATION

BSTX Applicant-Firms that will apply for Market Maker status must complete the BSTX Participant Application Part V and Part VI and also provide the supplemental information requested below:

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Date of Application: _____

1. Name:

(Full and Legal Name of BSTX Applicant-Firm)

2. Address:

(Street) (City, State, Zip, Country)

(Telephone) (Fax Number)

3. Primary Contact:

(Name) (Title)

(Fax) (Telephone) (Email)

(a) Regulatory Contact (if different):

4. Applicant-Firm’s CRD Number: _____

5. Trading Location / Trading Representatives / Supervisors: Please provide the following information:

EXHIBIT 3A

- (a) List of the locations from which BSTX Applicant-Firm will conduct its BSTX market making activity;
- (b) List all designated trading representatives; and the address(es) from which they will conduct market making or other trading activities;
- (c) List individuals responsible for supervising such trading representatives (Responsible Person) and the U.S. based address(es) from which the supervision will take place.

6. Trading Representative Qualifications: Please provide the following information:

- (a) Copy of Form U4 for each of the trading representatives identified in section 5 above; and
- (b) Provide a brief description of the trading representative's qualifications
- (c) Please note that each trading representative must take an examination, submit to a new Market Maker orientation program (if required by the Exchange) and be approved by Exchange.

7. Supervisory Procedures: Please provide a copy of BSTX Applicant-Firm's written supervisory procedures for market making activities on BSTX.**8. BSTX Applicant-Firm's Capital:**

Please provide the source and amount of BSTX Applicant-Firm's capital to support its market making activities on BSTX, and the source of any additional capital that may become necessary.

9. Other Business Activities:

If the BSTX Applicant-Firm will be conducting other business activities at the market making trading location(s), please provide:

- (a) A statement describing such activities; and
- (b) Copy of "Chinese Wall" procedures.

EXHIBIT 3A

10. Authorization:

The undersigned agrees that he/she is authorized on behalf of BSTX Applicant-Firm to make this application to the Exchange.

The undersigned hereby agrees that the BSTX Applicant-Firm will abide by the Bylaws and Rules of the Exchange as they shall be amended from time to time.

The undersigned represents that, to the best of their knowledge and belief, the foregoing statements are true and correct.

The undersigned recognizes that Applicant-Firm may be the subject of an investigative consumer report ordered by the Exchange, and hereby authorizes and consents to the Exchange obtaining such report.

(Signature of Authorized Officer)

(Date)

(Print Name)

(Title)