



SEC _____

(effective date)

Filing Month: _____

Investment Adviser Registration Depository (IARD) User Account Acknowledgment Form (UAAF)

You must complete this form to request access to the Web IARD system. Return this form to NASDR in the enclosed return envelope. DO NOT SEND THIS FORM TO THE SEC. It will be returned to you and delay your access to the Web IARD System.

This form has been completed with information from the SEC's computer systems. If any of this information is incorrect, you may update it by striking through the incorrect information and printing the correct information directly above it. Complete any blanks.

Business Names

Full Legal Name: _____

Primary Business Name: _____

If your firm also is registered as a broker-dealer, enter your Firm's CRD Number: _____

Principal Office and Place of Business

Street Address: _____

City: _____ State: _____

Country _____ Zip: _____

Telephone Number: _____ FAX Number: _____

E-Mail Address: _____

Name of Firm Contact Person: _____

If you plan to use a service bureau to make your Web IARD filings, enter the name of the service bureau.

In addition to the Account Administrators you identified on the previous page, enter the names of any other individuals who will need access to the Web IARD System.

			Date of Birth (Required)
1) _____	_____	_____	____/____/____
First	Middle	Last	MM DD YYYY
2) _____	_____	_____	____/____/____
First	Middle	Last	MM DD YYYY
3) _____	_____	_____	____/____/____
First	Middle	Last	MM DD YYYY

Check here if you are attaching a list of additional users. Be sure to include each user's birth date in MM/DD/YYYY format.

Financial Contact Employee

Provide the name of a person who will be available to discuss issues relating to your Firm's Web IARD Financial Account.

Name: _____
Last First Middle

Title: _____

Street address: _____

City: _____ State: _____

Country: _____ Zip: _____

Title: _____ E-mail Address: _____

Telephone Number: _____ FAX Number: _____

This User Account Acknowledgment Form (UAAF) must be executed by an officer, partner, or other individual with full legal authority to execute this UAAF on behalf of the participating organization. The signatory hereby acknowledges that he/she is authorized to execute this agreement on behalf of the organization. The signatory further acknowledges and agrees on behalf of the organization that the Account Administrator and all users designated on this UAAF (or otherwise by the organization) are authorized to act on behalf of the organization whenever conducting its business, regulatory, or other lawful activities, through the Web IARD system and are entitled to make filings, acceptances or rejections, enter data, and/or initiate transactions on behalf of the organization, and that the organization will be responsible for such filings, data entered, and/or transactions initiated, and all fees and registration transactions related thereto.

Signature: _____

Title: _____

Organization: _____

Date: _____

Print Name of Signatory: _____

SAMPLE ONLY
do not actually use for
IARD Pilot Program

**Web IARD Pilot Entitlement Requests
NASD Regulation, Inc.
P.O. Box 9495
Gaithersburg, MD 20898-9495**

Gateway Call Center: 240-386-4848

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