## 24X NATIONAL EXCHANGE LLC RETAIL MARKET MAKER REGISTRATION APPLICATION

Any Member seeking to register as a Retail Market Maker on 24X National Exchange LLC ("Exchange") must complete this Retail Market Maker Registration Application. This Retail Market Maker Registration Application and required supplementary materials must be submitted to the Exchange via email to: [INSERT].

All application materials sent to the Exchange will be reviewed for completeness. All applications are deemed confidential and handled in a secure environment. However, applications may be shared with other self-regulatory organizations as necessary to evaluate and process the application.

The Exchange may request that an Applicant submit documentation in addition to the materials above during the application review process. If you have questions related to the application, you may direct them to the Exchange at [INSERT EMAIL] or [INSERT PHONE].

| GENERAL INFORMATION  |                       |                            |  |                     |  |  |
|--|-----------------------|----------------------------|--|---------------------|--|--|
| Name of Applicant :  |                       |                            |  |                     |  |  |
| Address of Principal Office:   |                       |                            |  |                     |  |  |
| City:  |                       | State :                    |  | Zip:                |  |  |
| Date:  |                       | CRD Number :               |  |                     |  |  |
| OTHER BUSINESS ACTIVITIES  |                       |                            |  |                     |  |  |
| ☐ Investment Banking   | ☐ Public Securities I | Public Securities Business |  | Proprietary Trading |  |  |
| ☐ Market Maker   | ☐ Dealer/Specialist   | □ Other :                  |  |                     |  |  |
| 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: |                       |                            |  |                     |  |  |
| NET CAPITAL  |                       |                            |  |                     |  |  |
| Excess Net Capital Amount :  |                       | As of Date : _             |  |                     |  |  |
| ☐ (REQUIRED) Most recent FOCUS   | Report enclosed       |                            |  |                     |  |  |

| RETAIL MARKET MAKER   | AUTHORIZED TRADERS   |
|---|--|
| To be eligible for registration as a Retail Market Maker Author requirements set forth in Rule 11.19(b). Each Retail Market Mak to enter orders on behalf of the Retail Market Maker pursuant to                    | ter must maintain a current list of RMMATs who are permitted |
|   |  |
| Name:   | CRD Number:  |
| List Each Relevant Proficiency Examination:  (See Rule 11.19 and Interpretation and Policies .01 and .02 to   |  |
| (See Rule 11.19 and Interpretation and Policies .01 and .02 to applicable to RMMATs.)   | Rule 2.5 for further information on proficiency examinations |
|   |  |
| Name:   | CRD Number:  |
| Name:List Each Relevant Proficiency Examination:  |  |
| (See Rule 11.19 and Interpretation and Policies .01 and .02 to applicable to RMMATs.)   | Rule 2.5 for further information on proficiency examinations |
|   |  |
| Name:   | CRD Number:  |
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| (See Rule 11.19 and Interpretation and Policies .01 and .02 to applicable to RMMATs.) $$  | Rule 2.5 for further information on proficiency examinations |
|   |  |
| Name:   | CRD Number:  |
| List Each Relevant Proficiency Examination:   |  |
| (See Rule 11.19 and Interpretation and Policies .01 and .02 to applicable to RMMATs.)   | Rule 2.5 for further information on proficiency examinations |
| The undersigned, as a duly appointed Officer, Partner, Modoes hereby acknowledge that the Applicant agrees to usually of the Exchange, and interpretations thereof, a supplemented and/or amended from time to time | update the application as necessary, and to abide by al      |
| Applicant Name  | CRD Number (if applicable)                                   |
| Signature of Authorized Officer, Partner, Managing Member or Sole Proprietor of Sponsored Participant   | Date   |

Title

Printed Name