PARTICIPANT APPLICATION

_____

Part IV: Trading Floor Application

Applicant-Firm that is applying for authorization to trade on the trading floor must complete the BOX Options Participant Application and also provide the supplemental information requested below.

Return to: BOX Options Exchange LLC (the "Exchange")
                  Attn: Christine Young
                  101 Arch Street, Suite 610
                  Boston, MA 02110
                  Ph: (402) 932-3203
                  Email: cyoung@boxregulation.com

Date of Application: _____

1. **Name:**

   _____
   (Full and Legal Name of Applicant-Firm)

2. **Business Address:**

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

   _____
   (Telephone)   (Fax Number)

3. **Primary Contact of Options Participant:**

   _____
   (Name)   (Title)

   _____
   (Fax)   (Telephone)   (Email)

      (a)   Regulatory Contact (if different):

         _____

4. **Applicant-Firm's CRD Number:** _____

PARTICIPANT APPLICATION

5. **Type of Business to be Conducted:**
   Provide the number of permits for each category that Applicant-Firm is applying for.

   _____ Floor Broker   _____ Floor Market Maker

6. **Applicant-Firm Authorized Personnel**
   The Applicant-Firm must provide a list of all authorized personnel on the trading floor via the attached form supplied by the Exchange.

7. **Insurance**
   The Applicant-Firm must submit a certificate of insurance as provided in Rule 7230(f).

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

   The undersigned hereby agrees that the 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 my 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)

PARTICIPANT APPLICATION

List of Individuals Authorized by Applicant-Firm to be on the Trading Floor

Applicant-Firm: _____Applicant-Firm WebCRD# _____

For every individual listed below, the Applicant-Firm must provide a Form U-4 submitted to FINRA through WebCRD, and a fingerprint card submitted to FINRA. All individuals that will be Floor Brokers or Floor Market Makers must register as ("ME") in WebCRD. All individuals that will be on the trading floor other than as a Floor Broker or Floor Market Maker must register as ("FE") in WebCRD.

Name	Individual's WebCRD #	Permit Type (i.e., Floor Broker, Floor Market Maker, Clerk, or Other (*provide title*))

Applicant-Firm Acknowledgment:

I hereby certify that the named individuals above are authorized to enter into the Exchange's trading floor as referenced above, on behalf of this Options Participant *(Name of Applicant-Firm)*
_____. I further acknowledge and agree that
(Name of Applicant-Firm) _____ will notify the Exchange of any change to the status of the above listed individuals in accordance with the Exchange's Rules.

Authorized Signature: _____   Date: _____

Print Name: _____   Title: _____

PARTICIPANT APPLICATION

Change in Status of Individuals Authorized by Applicant-Firm to be on the Trading Floor

Applicant-Firm: _____Applicant-Firm WebCRD# _____

In accordance with the affirmative obligations of the Applicant-Firm in the Exchange's Rules, the Applicant-Firm must provide the following notification to the Exchange for the change in status of any individual authorized by the Applicant-Firm to be on the trading floor.

Name	Individual's WebCRD #	Status Change (i.e., permit category, permanent termination, temporary termination *(how many days)*)	Date of Effectiveness

Applicant-Firm Acknowledgment:

Authorized Signature: _____ Date: _____

Print Name: _____ Title:_____