

# BATS Y-Exchange, Inc. Market Maker Registration Application

Broker-Dealers applying to become Market Makers registered with BATS Y-Exchange, Inc. ("BYX" or the "Exchange") must complete the following application. The Exchange may require additional information from any Applicant prior to determining whether to register such Applicant as a Market Maker.

Completed applications can be sent by email to [membershipservices@batstrading.com](mailto:membershipservices@batstrading.com), by fax to 913.815.7119 or mail to: BATS Y-Exchange, Inc., Attn: Membership Services, 8050 Marshall Drive, Suite 120, Lenexa, KS 66214.

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 Broker-Dealer:	
Address:	
MPID(s) to be used:	
NET CAPITAL	
Excess Net Capital Amount: _____ As of Date: _____	
<input type="checkbox"/> Most recent Quarterly FOCUS Report enclosed	
SECURITIES	
Estimate the number of securities in which the Applicant intends to become registered as a Market Maker: _____	
OTHER BUSINESS ACTIVITIES	
<input type="checkbox"/> Public Securities Business <input type="checkbox"/> Investment Banking <input type="checkbox"/> Dealer/Specialist	
<input type="checkbox"/> Options Market Maker <input type="checkbox"/> Other: _____	
OTHER AFFILIATIONS	
Is the Applicant a dealer/specialist or Market Maker on a registered national securities exchange or association?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a list of the other registered national securities exchange(s) or association(s) on which the Applicant is a dealer/specialist or Market Maker:	
_____	

## MARKET MAKER AUTHORIZED TRADERS

To be eligible for registration as a MMAT, as defined in BYX Rule 1.5(l), a person must successfully complete the General Securities Representative Examination (Series 7)<sup>1</sup>. Complete as many forms of this page as necessary.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRD #: \_\_\_\_\_ Series 7 Qualification:  Yes  No

Form U4 is current and accessible for this person on Web CRD, or

Proof of passing the Series 7 is enclosed

Will a web log-in be required for this individual?  Yes  No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRD #: \_\_\_\_\_ Series 7 Qualification:  Yes  No

Form U4 is current and accessible for this person on Web CRD, or

Proof of passing the Series 7 is enclosed

Will a web log-in be required for this individual?  Yes  No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRD #: \_\_\_\_\_ Series 7 Qualification:  Yes  No

Form U4 is current and accessible for this person on Web CRD, or

Proof of passing the Series 7 is enclosed

Will a web log-in be required for this individual?  Yes  No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRD #: \_\_\_\_\_ Series 7 Qualification:  Yes  No

Form U4 is current and accessible for this person on Web CRD, or

Proof of passing the Series 7 is enclosed

Will a web log-in be required for this individual?  Yes  No

<sup>1</sup> In exceptional cases and where good cause is shown, the Exchange may waive such requirement. Contact Membership Services at 913.815.7002 for more information regarding requesting a waiver of the Series 7 requirement.