



CONTACT INFORMATION

SUBSCRIBER INFORMATION

Firm:			
Address:			CRD #:
City:		State:	Zip:
Business Contact		Compliance Contact	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Technical Contact		Trading Contact	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Accounts Payable			
<i>Please attach additional instructions if multiple MPIDs/Trading Desks require different Billing/Accounts Payable Information.</i>			
Contact Name:			
Address:			
Phone:	Fax:	A/P Email:	

CLEARING FIRM INFORMATION

Firm:			
Address:			
City:		State:	Zip:
Business Contact		Billing Contact	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:

AUTHORIZATION

This form is governed by all of the terms and conditions set forth in the BATS Trading, Inc. Subscriber Agreement. The persons listed above are the only individuals authorized to order or update services at BATS Trading, Inc. on behalf of the subscriber. Please contact subscriber services at 816-285-9902 or email subscriberservices@batstrading.com to add or delete authorized contacts.

Company:	
Print Name/Title:	
Signature:	Date:



FINANCIAL INFORMATION

PRINCIPAL INFORMATION

Please list the Principals of your firm: (attach additional page if necessary)

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

OWNER/SHAREHOLDER INFORMATION

Please list Shareholders owning 5% or more of your firm:

AUTHORIZATION

As a subscriber, you will be required (**on a Quarterly Basis**) to furnish updated FOCUS Reports and/or a Statement of Net Capital signed by the Firm's FinOP. BATS will accept FOCUS Reports via email to focus@batstrading.com or via fax to 816-285-9919. Or, your Account Administrator can add our email address to your FINRA Web-based FOCUS Set-up. Our email address is focus@batstrading.com.

In addition to sending future FOCUS Reports and/or Statements of Net Capital, please forward your most recent filing to focus@batstrading.com. Upon completing this step, please sign below and return this form to BATS Trading, Inc. Should you have any questions concerning this matter, please call Subscriber Services at 816-285-9902.

Company:	
Print Name/Title:	
Signature:	Date:



CONNECTIVITY REQUEST

PORT SELECTION					
Port Type:	<input type="checkbox"/> FIX	<input type="checkbox"/> PITCH	<input type="checkbox"/> TOP	<input type="checkbox"/> FAST PITCH	<input type="checkbox"/> DROP
Quantity:	_____	_____	_____	_____	_____

CONNECTIVITY	
Which connectivity option will you use? (check one)	
<input type="checkbox"/> Savvis	<input type="checkbox"/> Radianz
<input type="checkbox"/> Service Bureau: _____	<input type="checkbox"/> VPN
	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Cross Connect

PROTOCOL & OPTIONS	
What type of connection(s) are you requesting?	<input type="checkbox"/> Test <input type="checkbox"/> Production
Indicate desired Max Order Size if different than default (25,000 default) _____	
What type of department will be using this connection (Please check all that apply)?	
<input type="checkbox"/> Market Maker	<input type="checkbox"/> Retail Brokerage
<input type="checkbox"/> Program/Black Box/Quant	<input type="checkbox"/> Software Vendor
	<input type="checkbox"/> Online Brokerage
	<input type="checkbox"/> Other: _____

CLEARING	
Please choose a clearing method: <input type="checkbox"/> QSR <input type="checkbox"/> Correspondent Clearing	
If available, would you like your trades compressed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all MPID(s) you will be giving-up on the port(s):	
MPID / DTCC #	MPID / DTCC #
MPID / DTCC #	MPID / DTCC #
MPID / DTCC #	MPID / DTCC #
MPID / DTCC #	MPID / DTCC #
MPID / DTCC #	MPID / DTCC #
____/____	____/____
____/____	____/____
____/____	____/____
____/____	____/____
____/____	____/____

AUTHORIZATION	
<p>BATS provides a best effort attempt to cancel all open orders from a subscriber upon a communications disconnect. There is no guaranty that the automatic cancel feature provided by BATS will be error free or operate without interruption. By signing below, you agree and acknowledge that BATS is not liable or responsible in any way for any orders which may fail to be cancelled using the automatic cancel feature. <i>Subscribers may call the BATS Trade Desk at 816-285-9901 to verbally request that all open orders be cancelled or check the status of open orders.</i></p>	
Company:	Print Name/Title:
Signature:	Date:

ANTI-MONEY LAUNDERING AGREEMENT

To: BATS Trading, Inc. ("BATS")
Compliance Officer

From: _____ ("BD")

Dear Compliance Officer:

In consideration of BATS facilitating orders on behalf of BD and/or its customer/clients, we confirm that we are a financial institution regulated by a Federal functional regulator (which includes, among others, a broker-dealer registered with the Securities and Exchange Commission). We also confirm that we have established and have in effect, and agree to maintain, written anti-money laundering ("AML") policies and procedures that comply with the USA Patriot Act of 2001 (the "Patriot Act"), as applicable. We confirm that as applicable, our AML policies and procedures meet or exceed the requirements of the Patriot Act.

We further confirm the following with respect to each customer/client account or sub-account that we introduce to BATS:

1. We are acting as an intermediary or nominee for the customer/client;
2. Pursuant to our AML policies and procedures, we have in place Customer Identification procedures that verify the identity of the customer/client, and if not an individual, its beneficial owners;
3. Pursuant to our AML policies and procedures, we have taken or will take reasonable steps to verify that we have not received money or securities from any illicit activity from the customer/client;
4. Our customer/client, and if not an individual, its beneficial owners, that are involved in transactions through BATS are not: (i) terrorists, (ii) terrorist organizations, (iii) other prohibited parties on the Treasury Department's Office of Foreign Assets Control ("OFAC") Specially Designated Nationals ("SDN") list, or (iv) from a country that is subject to an embargo enforced by OFAC.
5. Pursuant to our AML policies and procedures, we retain records and documentation of our AML compliance activities for a period of five (5) years, as required.

Upon request, we agree that we will certify at least annually to BATS that we have implemented our AML policies and procedures and that we or our agent perform the requirements of such AML policies and procedures as specified in this Agreement.

We also agree that we will permit BATS, upon request, to monitor on a periodic, but no less than annual, basis various aspects of our compliance with the customer identification and verification duties and procedures outlined in this Agreement.

We further represent and warrant that BATS may rely on our AML policies and procedures with respect to customer/client identification and verification.

If any of the above representations change hereafter, we represent and warrant that we will promptly notify BATS of such changes. This Agreement and the representations and warranties contained herein shall be binding upon BD and its successors and assigns and inure to the benefit of BATS and its successors and assigns.

Agreed to and accepted,

Company	BATS Trading, Inc. Company
Print Name & Title	Tamara Schademann / Chief Compliance Officer Print Name & Title
Signature	Signature
Date	Date



CLEARING CHOICES

BATS offers two clearing choices.

Typically, Subscribers will choose only one type of clearing method.

Please contact Subscriber Services to help determine what documents are appropriate for the preferred clearing method of your firm.

- ✓ ***QSR Clearing (Highly Recommended)***
Please fill out only Attachment #1 & FORM 9-B
- ✓ ***Correspondent Clearing***
Please fill out FORM 9-B

Subscriber Services: 816-285-9902.

ATTACHMENT #1
-For QSR Clearing-

National Securities Clearing Corporation
55 Water Street, 50th Floor
New York, NY 10041

Attention: Membership Administration

Ladies and Gentlemen:

AGREEMENT AMONG SUBSCRIBER, SPECIAL REPRESENTATIVE AND BROKER/DEALER

The above-referenced parties hereby agree and acknowledge that:

1. Wedbush Morgan Securities, Inc. (#0103) is authorized to act as BATS Trading, Inc.'s clearing agent for trades executed on BATS Trading, Inc.'s automated execution system ("the System").

2. Wedbush Morgan Securities, Inc (#0103) may in the future submit data to National Securities Clearing Corporation resulting from executions done by _____ on BATS Trading, Inc.'s automated execution system. _____
(Subscriber's Clearing Firm) hereby agrees to accept the terms of each such trade that is reported to _____
(Subscriber's Clearing Firm) by Wedbush Morgan Securities, Inc. (#0103) as having been executed on such system.
(Subscriber's Clearing Firm)

Agreed to this _____ day of _____ 2008.

Subscriber Clearing Firm	Wedbush Morgan Securities, Inc. (#0103) (Special Representative)
(Authorized Officer's Signature)	(Authorized Officer's Signature)
(Print Authorized Officer's Name)	Rob Paset (Print Authorized Officer's Name)
(Authorized Officer's Title)	Sr. Vice President (Authorized Officer's Title)

BATS Trading, Inc.

(Broker/Dealer)

(Authorized Officer's Signature)

Tamara Schademann

(Print Authorized Officer's Name)

Chief Compliance Officer

(Authorized Officer's Title)

FORM 9-B

NATIONAL SECURITIES CLEARING CORPORATIONS
55 Water Street
New York, New York 10041

SPECIAL REPRESENTATIVE CONSENT

The undersigned hereby consents to Wedbush Morgan Securities, Inc. (#0103) acting as a Special Representative for it pursuant to Rule 7, Section 2 and Rule 39 of the Rules of National Securities Clearing Corporation.

(Print Firm Name & Firm Number)

By: _____
(Authorized Officer's Signature)

Print Authorized Officer's Name)

(Authorized Officer's Title)

(Telephone Number)

Date: _____

UNIFORM SERVICE BUREAU/EXECUTING BROKER AGREEMENT

This Uniform Service Bureau/Executing Broker Agreement (“Agreement”) is for use by a FINRA member (“Participant”) using a facility of FINRA listed on Attachment A hereto, including a Trade Reporting Facility approved by U.S. Securities and Exchange Commission (“TRF”), the Alternative Display Facility (“ADF”), or the OTC Reporting Facility (“Approved Facility(ies)”).

1. By executing this Agreement, the undersigned Participant hereby:
 - a. authorizes the Service Bureau/Executing Broker to add to or delete from the list of Approved Facilities attached hereto at Attachment A at any time and without Participant’s prior knowledge and/or approval; and
 - b. accepts and approves all trade reports submitted to the Approved Facilities on the Participant’s behalf by the Service Bureau/Executing Broker identified below.
2. By executing this Agreement, the undersigned Service Bureau/Executing Broker agrees:
 - a. to report to the Approved Facilities all give-up or other trades executed and/or reported by the Service Bureau/Executing Broker on behalf of the Participant; and
 - b. to observe and comply with the provisions of this Agreement, any agreements relating to the trades reported to the Approved Facilities, any other agreements relating to the Approved Facilities and all applicable FINRA Rules in submitting trade information to the Approved Facilities on the Participant’s behalf; and
 - c. that the Service Bureau/Executing Broker shall not report on behalf of or provide access to the Approved Facilities to any individual or entity that has not executed the appropriate documentation.

THE PARTICIPANT AND SERVICE BUREAU/EXECUTING BROKER (“PARTIES”) HEREBY UNDERSTAND, ACKNOWLEDGE AND AGREE THAT FINRA AND THE APPROVED FACILITIES ARE THIRD PARTY BENEFICIARIES OF THIS AGREEMENT AND THAT FINRA AND THE APPROVED FACILITIES HAVE RELIED ON THE STATEMENTS AND OBLIGATIONS OF PARTIES AS SET OUT HEREIN IN ALLOWING ACCESS TO APPROVED FACILITIES. IN WITNESS WHEREOF, THE PARTIES HAVE CAUSED THIS SERVICE BUREAU/EXECUTING BROKER AGREEMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED OFFICERS EFFECTIVE AS OF THE DATE FIRST SET FORTH BELOW.

**SERVICE BUREAU/
EXECUTING BROKER**

PARTICIPANT

Signature _____

Signature _____

Name Tamara Schademann

Name _____

Title Chief Compliance Officer

Title _____

Date _____

Date _____

Name of Firm BATS Trading, Inc.

Name of Firm _____

Executing Broker Symbol BATS

MPID or Participant Symbol(s) _____

