



MPID Change Request Form

Complete this form and fax to: NASDAQ Subscriber Services **Fax #: 212-231-5426**; Phone #: 212-231-5180

Firm Name: _____ Date: _____

1. **Change Request Type:**

Check appropriate box and complete additional requested information.

Cancel MPID: _____, _____, _____, _____

Firm changing from:

Current Firm Name _____

Current MPID _____ BD# _____

If this is a merger or acquisition, please provide the other firms information.

Current Firm Name _____

Current MPID _____ BD# _____

Firm(s) changing to:

Firm Name on the Effective Date _____

Firm MPID on the Effective Date _____ BD# _____

2. **Requested Date of Change:**

For MPID cancellations this date should be the date of this request. _____ (Date)
For other changes this date should be on a Monday and requires a minimum of two weeks notice.

3. **Contact Information:**

Contact Name: _____ Contact Phone #: _____

Contact E-mail: _____ Contact Fax #: _____

4. **Reason for Change:**

- Merger
- Acquisition
- Name Change
- Other _____

5. **Volume History – Mergers / Acquisitions only**

Involving 2 MPIDs:

- No Historical Change Required, All Future Volume attributed to surviving MPID.
- All History for both MPIDs attributed to surviving MPID. Non-surviving MPID history not preserved.

Involving 3 MPIDs:

- No Historical change for one MP (please define first MPID - _____), the second MP's volume history (please define second MPID - _____) is attributed to the new MPID.
- All Historical Volume attributed to the new MPID, No history exists for either of the original MPIDs.
- No Historical Change Required, All Future Volume attributed to new MPID.

6. **Comments:**

7. **Approval:**

A signature is required from an officer of each company involved.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Position: _____

Position: _____