

APPLICATION FOR APPROVAL OF NEW SPECIALIST

EQUITY EQUITY OPTION FCO

(Indicate by checkmark)

NAME OF INDIVIDUAL:

SPECIALIST UNIT:

A. PLEASE SUMMARIZE WORK EXPERIENCE AND RELEVANT QUALIFICATIONS.
(MUST ATTACH RESUME or U-4)

B. INDICATE THE SPECIALTY ISSUES WHICH THIS PERSON WILL BE RESPONSIBLE FOR TRADING.

C. DATE INDIVIDUAL BECAME A PHLX MEMBER:

D. DATE INDIVIDUAL TOOK OPTION FLOOR EXAM:

Signature of Head Specialist