

NASDAQ OMX[®]

PHLX Branch Office Disclosure Form

Please indicate the purpose of this filing:

Initial

Amendment

Addition of branch office(s)

Deletion of branch office(s)

Section A. General Information

Firm name:

CRD No.: _____

BD No.: _____

Principal place of business:

Member organization **does not** operate branch offices
Please return signed form to NASDAQ OMX Membership.

Member organization **does** operate branch offices
Please complete a Section B for each branch office location.

Section B. Branch Office Disclosure Information

If the member organization has branch office locations, the following information must be provided for each location.

Branch office location:

Telephone number:

Facsimile number:

Name and of individual responsible for supervision of branch office:

Individual CRD No.

Supervisor email address:

Date branch office was established:

Number of traders at location:

Is this location a private residence?

Yes

No

Type of activity (provide a brief description of the type of activity that takes place at this branch office.)

Section B. Branch Office Disclosure Information

If the member organization has branch office locations, the following information must be provided for each location.

Branch office location:

Telephone number:

Facsimile number:

Name and of individual responsible for supervision of branch office:

Individual CRD No.

Email address:

Date branch office was established:

Number of employees at location:

| | |
|--|--|
| | |
| Is this location a private residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of activity (provide a brief description of the type of activity that takes place at this branch office.) | |
| Section C. Signature | |
| This Form is being submitted pursuant to Phlx Rule 748(f). The information provided is true and correct as of the date of submission of this form to the Exchange. The undersigned has completed this form in compliance with Rule 748(f). Any amendments must be submitted to the Exchange no later than thirty (30) days from the date of any change to information provided herein. | |
| _____ Officer Signature | _____ Date |
| _____ Print Name | _____ Telephone number |
| _____ Email address | |
| Section D. Submission | |
| Please submit your completed form to: <div style="text-align: center;"> NASDAQ OMX Membership 1900 Market Street, 2nd Floor Philadelphia, PA, 19103 membership@nasdaqomx.com. </div> Questions may be directed to NASDAQ OMX Membership at +1 215 496 5322. | |