

Options Market Maker Registration Application

Any currently approved Options Member of Cboe BZX Exchange, Inc. (“BZX”) or Cboe EDGX Exchange, Inc. (“EDGX”) (each, an “Exchange”) is eligible to transact business as a Market Maker on the Exchange’s Options Market provided that the Exchange specifically authorizes the Options Member as a Market Maker. To become a Market Maker, a current Options Member is required to complete this Options Market Maker Registration Application. The Exchange may require additional information from any Applicant prior to determining whether to register such Applicant as an Options Market Maker.

To apply, please complete this Options Market Maker Registration Application and submit with all required supplementary materials via email to MembershipServices@cboe.com.

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:		
Address of Principal Office:		
City:	State:	Zip:
EFID(s) to be used:		
OTHER BUSINESS ACTIVITIES		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> Investment Banking</div> <div style="width: 30%;"><input type="checkbox"/> Public Securities Business</div> <div style="width: 30%;"><input type="checkbox"/> Proprietary Trading</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"><input type="checkbox"/> Market Maker</div> <div style="width: 30%;"><input type="checkbox"/> Dealer / Specialist</div> <div style="width: 30%;"><input type="checkbox"/> Other: _____</div> </div>		
<p>If the Applicant is a Market Maker or Dealer/Specialist, please provide a list of the registered national securities exchange(s) or association(s) on which the Applicant has been approved as such:</p> 		
SECURITIES		
Estimate the number of securities in which the Applicant intends to become registered as a Market Maker: _____		
FINANCIAL / ADDITIONAL REQUIREMENTS		
Excess Net Capital Amount: _____ As of Date: _____		
Attach the following: <ul style="list-style-type: none"> <input type="checkbox"/> List identifying all accounts pursuant to Exchange Rule 22.7(a) - <i>required</i> <input type="checkbox"/> List identifying all joint accounts pursuant to Exchange Rule 22.7(c) - <i>if applicable</i> <input type="checkbox"/> Most recent FOCUS Report (Refer to Exchange Rule 22.9(a)) - <i>required</i> <input type="checkbox"/> Subordination agreements or evidence of other financing arrangement (Refer to Exchange Rule 22.9(b)) - <i>if applicable</i> 		

AUTHORIZED TRADERS

Name: _____ CRD #: _____

Series 7 Qualification Series 57 Qualification

Seeking registration on: BZX EDGX

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

If yes, please provide the information below:

Email address: _____ Phone Number: _____

Name: _____ CRD #: _____

Series 7 Qualification Series 57 Qualification

Seeking registration on: BZX EDGX

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

If yes, please provide the information below:

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Email address: _____ Phone Number: _____

The undersigned attests that the information provided in this application on behalf of the Applicant is complete and accurate. Furthermore, the undersigned acknowledges that the Applicant agrees to update the application as necessary, and to abide by all rules of the Exchange, and interpretations thereof, as they currently exist and as they may be added, supplemented and/or amended from time to time.

Signature of Authorized Officer, Partner, Managing Member
or Sole Proprietor

Printed Name

Title

Date