



MX Trader ID Request Form

INSTRUCTIONS SHEET

TOP SECTION:	
Date:	Print the date of this request
Located in:	Print the name of the city in which the applicant is currently working
Firm ID:	Reserved for MX
ID:	Reserved for MX
Date Assigned:	Reserved for MX
SECTION A:	
Indicate whether the applicant is an Employee or a Client of the Approved Participant.	
Employee*:	Person who is approved by the Bourse as a SAM Authorized Person.
Client:	Person who is not an employee of the Approved Participant and who satisfies the Article 6366B conditions of MX Rule Six.
*Employee of participant: Ensure that you have completed the application as a SAM Authorized Person at http://www.m-x.ca/f_publications_en/Train_Cert_SAM_Auth.pdf or http://www.m-x.ca/f_publications_en/App_Sam_Auth_Foreign_Participant.pdf	
Print the applicant's identification and contact information.	
Name of Approved Participant:	Print the name of the Approved Participant requesting the ID.
Products:	Select the product type(s) to be traded with this ID.
As a means of verification, we require that all applicants provide a security question and answer. Please select one from the following:	<i>What is the name of the first street you lived on? What is the name of the elementary school you attended? In what city does your nearest relative live? What was/is your first pet? In what year did you graduate from high school? In which city were you born? What is the name of your first employer?</i>
Should you rather select a different question please send an email to MX-ID@m-x.ca .	

Montréal Exchange

Tour de la Bourse, P.O. Box 61, 800 Victoria Square,
 Montréal, Quebec CANADA H4Z 1A9
 Tel.: 514-871-3599 / E-mail: MX-ID@m-x.ca / Fax: 514-871-3592

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SECTION B:

If you are using a **3rd party Independent Software Vendor's certified application**, please select it in from the list (should you not see it, please advise us).

If this is your own proprietary application, please select **Other** and specify the name of the certified application in the area reserved for this purpose.

If you are selecting a **FIX-based application** and sharing the connection amongst multiple traders (by using the SenderCompID/SenderSubID combo in a many-to-1 configuration), please indicate so in the **Comments** section at the bottom of the request form. If you know the existing SenderCompID that will be used in this many-to-1 configuration, please include it in the **Comments** section.

If you are selecting a **SAIL-based application**, and are sharing the connection amongst multiple traders (by having multiple traders use one SAIL OR channel in a many-to-1 configuration), please indicate so in the **Comments** section at the bottom of the request form. If you know the existing SAIL OR channel that will be used in this many-to-1 configuration, please include it in the **Comments** section.

SECTION C:

The ID Request Form must be dated and signed by the applicant.

SUB-SECTION C1: MANDATORY

This sub-section is to be completed and signed by a Partner or an Authorized Officer of the Approved Participant.

SUB-SECTION C2: OPTIONAL

Complete this sub-section **ONLY** if the MX ID is being requested by or for an Approved Participant other than the one listed in **Sub-section C1**.

Example: User X, employee of an Approved Participant (Approved Participant A), requests an ID as a Client of another Approved Participant (Approved Participant B). In this situation, the Approved Participant A needs to complete **Sub-section C1** and Approved Participant B needs to complete **Sub-section C2**. In **Section A**, the applicant will need to select '**Client**'.

APPLICANT'S COMMENTS:

An applicant already having one or more ID(s) must include these IDs in this section as well as indicate the reason for the current request for an additional MX ID.

If **Sub-section C2** was completed, additional details pertaining to the reason for the request are required and must be included in this section.

This section could also be used by an applicant wishing to include any notes or special comments regarding the request.

APPROVED BY MX REGULATORY DIVISION:

This field is reserved for MX Regulatory Division.

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INTERNAL USE ONLY	FIRM ID:	COMP ACCT. 1:	COMP ACCT. 2:
Date:	Located in (City):	ID: (Assigned by MX)	Date Assigned:

SECTION A		CONNECTION TO MX AS:	
<input type="checkbox"/> Employee of Participant		<input type="checkbox"/> Client	
<input type="checkbox"/> Employee of Participant (as a Market Maker)		<input type="checkbox"/> Client (as a Market Maker)	
Applicant's Last Name:		Applicant's First Name:	
Telephone:		Fax:	
E-mail:		Products:	<input type="checkbox"/> Futures/ Options on Futures
Name of Approved Participant:			<input type="checkbox"/> Options
<i>I am providing the following additional information that will serve as a means of verification of my identity for the Montréal Exchange.</i>			
Security Question:		Security Answer:	

SECTION B		CONNECTION TO MX VIA:	
<i>Check one or provide name of trading application that will be used with this ID.</i>			
APPROVED INDEPENDENT SOFTWARE VENDORS (ISVs)			
SAIL		FIX	
<input type="checkbox"/> Broadway Market Connector	<input type="checkbox"/> Redline Trading Solutions	<input type="checkbox"/> Bloomberg Tradebook	<input type="checkbox"/> MIXIT OMS
<input type="checkbox"/> FlexTrade	<input type="checkbox"/> RTS Realtime Systems Group	<input type="checkbox"/> Broadridge Dataphile	<input type="checkbox"/> Nexa
<input type="checkbox"/> IRESS	<input type="checkbox"/> Shorcan HTX	<input type="checkbox"/> Broadridge Financial Solutions CDA Inc.	<input type="checkbox"/> Patsystems
<input type="checkbox"/> Obj.Trading/FrontRunner	<input type="checkbox"/> Stellar Trading Systems	<input type="checkbox"/> CQG	<input type="checkbox"/> Quoter Jean
<input type="checkbox"/> OptionsCity	<input type="checkbox"/> SunGard – Valdi	<input type="checkbox"/> FFastfill	<input type="checkbox"/> Raptor Order Router
<input type="checkbox"/> ORC	<input type="checkbox"/> Trading Technologies	<input type="checkbox"/> Fidessa	<input type="checkbox"/> RealTick
<input type="checkbox"/> Perimeter Markets	<input type="checkbox"/> ULLINK	<input type="checkbox"/> FlexTrade	<input type="checkbox"/> Rithmic
<input type="checkbox"/> Quoter Jean		<input type="checkbox"/> IBM Canada Catalys	<input type="checkbox"/> ULLINK – UL Bridge
		<input type="checkbox"/> ION Trading	
<input type="checkbox"/> Other (specify) :		Certified Proprietary Application (Name)	

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SECTION C	<i>I, the undersigned applicant, will take all necessary precautionary measures to ensure the security and confidentiality of the password provided to me. I am entirely responsible for any unauthorized use of my password.</i>
Dated at this day of 20	
X _____	
Signature of Applicant	

X _____	X _____
1 Signature of Partner or Authorized Officer	2 Signature of Partner or Authorized Officer
(please print)	(please print)
Name of Partner or Authorized Officer	Name of Partner or Authorized Officer
(please print)	(please print)
Name of Approved Participant	Name of Approved Participant

APPLICANT'S COMMENTS:

APPROVED BY MX REGULATORY DIVISION: