

**C2**

Permit Holder Department  
400 LaSalle St.  
Chicago, IL 60605  
312-786-7449 – Phone  
312-786-8140 – Fax  
www.c2.org

**PERMIT HOLDER ELECTION  
for a CBOE INDIVIDUAL MEMBER**

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. E-mail Address: \_\_\_\_\_ BD #: 8 - \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Capacity in which I seek to act on C2:

\_\_ MM                      \_\_ Non-MM

6. The clearing participant issuing the guarantee for my activity on C2 is:

Name: \_\_\_\_\_ OCC #: \_\_\_\_\_

I hereby agree to abide by the Bylaws and Rules of C2, as they shall be in effect from time to time.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_