

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 MEMBER ORGANIZATION

1. Name: _____ Tax ID #: ____ - _____

2. E-mail Address: _____ BD #: 8 - _____

3. Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

4. Designate at least one employee or agent (Responsible Person) as your administrator for the organization's use of the System.

Name	Phone	E-mail Address
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Name	Phone	E-mail Address
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5. Capacity (ies) in which the organization seeks to act on C2:

MM Non-MM
 Clearing Participant NMCB (C2 Application must be attached)

6. Identify the Clearing Participant issuing the guarantee for the organization's activity on C2:

Name: _____ OCC #: _____

The organization hereby agrees on behalf of itself and its associated persons to abide by the Bylaws and Rules of C2, as they shall be in effect from time to time.

Authorized Signatory's Name

Title

Signature of Authorized Signatory

Date