



## **BOX Options Exchange Form 1**

### **Exhibit F-2 – BOX Options Participant Application**

#### **Minimum Requirements for BOX Options Participants**

- Applicant-Firm registration with the Exchange, with an appointed principal contact
- United States based firm, or, if foreign based, a United States registered subsidiary
- FINRA will act as Designated Options Examining Authority for BOX Options Participants that are FINRA members.
- A clearing agreement with OCC, or an arrangement with an OCC member-firm for clearing through OCC (i.e. give-up)
- For Market Makers: Minimum Net Equity of \$200,000, or SEC Rule 15c3-1 Net Capital Requirements, whichever is greater



## **BOX OPTIONS EXCHANGE LLC ( the “Exchange”)**

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### ***GENERAL INSTRUCTIONS***

This application is separated into the three sections attached. The completed application shall be filed with the Exchange’s Options Participant Registration Department. To facilitate prompt consideration, the required information should be clearly printed or typed. All questions applicable to your form of application must be answered and all information furnished as of the date of the application for admission, unless waived by the Exchange. Approval of this application provides the applicant the right to participate on the Exchange. This application and corresponding right to participate is not assignable or transferable.

#### **PART 1 – INDIVIDUAL PARTICIPANTS APPLICATION**

*(Required to be completed by all BOX Options Participants.)*

Each Applicant-Firm must have an individual representative. Please complete the individual application provided in Part 1.

#### **PART 2 – FIRM PARTICIPANTS APPLICATION**

*(Required to be completed by all BOX Options Participants.)*

This section covers general background information about the Applicant-Firm. All Applicant-Firms must complete Part 2 of the application.

#### **PART 3 – APPLICANT-FIRMS WISHING TO ACT AS MARKET MAKERS ON THE EXCHANGE**

Only Applicant-Firms who wish to be eligible to be designated as BOX Market Makers should complete Part 3 of this application. Note that once upon approval of Part 3 of this application, the BOX Options Participant will be eligible to request particular options classes; this request will be the subject of a separate application which may only be submitted once Parts 1, 2 and 3 of this application have been approved by the Exchange.

Please note that approval of a BOX Options Participant is subject to the sole discretion of the Exchange. Any questions should be directed to the Exchange’s Options Participant Registration Department at (617) 235-2291.



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***PART I: INDIVIDUAL APPLICATION***

Return to: BOX Options Exchange LLC (the "Exchange")  
Attn: Options Participant Registration Department  
101 Arch Street, Suite 610  
Boston, MA 02110  
Ph: (617) 235-2291  
Fx: (617) 235-3353

I hereby make application for and represent my firm, in connection with its participation in the Exchange.

**Applicant Name:** \_\_\_\_\_

**Web CRD #:** \_\_\_\_\_

**Applicant-Firm:** \_\_\_\_\_

**Business Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State) (Country) (Zip Code)

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

By my signature below, I certify that all of my responses to the foregoing are true and complete. I acknowledge that upon approval of this application that the Applicant-Firm and its representatives will be bound by the Bylaws and Rules of the Exchange as well as all circulars, notice interpretations, directives and/or decisions adopted by the Exchange and the Exchange's Options Exchange Registration Department, and I will abide by the same, as now in effect and as may be amended from time to time.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Options Participant Registration Department (Only)**

**Attested:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_



**PART II: APPLICANT-FIRM INFORMATION**

Return to: BOX Options Exchange LLC (the "Exchange")
Attn: Options Participant Registration Department
101 Arch Street, Suite 610
Boston, MA 02110
Ph: (617) 235-2291
Fx: (617) 235-2253

Date of Application: \_\_\_\_\_

1. Name \_\_\_\_\_
(Full and Legal Name of Applicant-Firm)

2. Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Telephone)
\_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Fax Number)

3. Primary Contact \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

\_\_\_\_\_ (Fax) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Email Address)

(a) Regulatory Contact (If different): \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

(b) Billing Contact (If Different): \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. Type of Entity: (check one) [ ] Corporation [ ] Partnership [ ] LLC [ ] LLP
[ ] Other (Explain) \_\_\_\_\_

5. Is the Applicant-Firm an entity formed under and subject to the laws of the United States? (check one) [ ] Yes [ ] No

(a) If "no," does the company have a registered subsidiary formed under and subject to the laws of United States? \_\_\_\_\_

1. State the name and address of such subsidiary and primary contact



information:

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- (b) Does such subsidiary have a registered options principal (Series 4 license)? (check one)  Yes  No

1. If "yes" state such principal's name, address, and Web CRD number:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(CRD #)

**6. Applicant-Firm's Central Registration Depository (CRD) number:** \_\_\_\_\_

**7. Designated Options Examining Authority ("DOEA")** Check if:  FINRA Member  
 Other (Please provide name): \_\_\_\_\_

**8. Identify the Options Clearing Corporation (OCC) member through which Applicant-Firm will clear transactions on BOX:**

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**9. Beneficial Ownership Information:** (NOTE: if either part of this question is yes, please provide an organizational chart showing the affiliations)

- (a) Does any entity beneficially own, directly or indirectly, an interest of 10% or more in the Applicant-Firm? (check one)  Yes  No
- (b) Does the Applicant-Firm own a beneficial interest, directly or indirectly, of 10% or more in any BOX Options Participant? (check one)  Yes  No

**10. Supplemental Information for Applicant-Firms. Applicant-Firm is requested to provide the following information:**

- (a) A copy of the Applicant-Firm's current Form BD.



- (b) An organizational chart, including the names of Applicant-Firm's chief executive officer, chief financial officer, chief operating officer, and chief compliance officer.
- (c) A description of Applicant-Firm's proposed trading activities on BOX as it pertains to the following: (Include a statement of the extent to which Applicant-Firm currently is conducting such activities as a member of other SRO(s).)
  - 1. ORDER FLOW PROVIDER: Please indicate the nature of such activity (e.g. x % retail orders and/or x % BD orders);
  - 2. MARKET MAKER;
  - 3. ORDER FLOW PROVIDER AND MARKET MAKER
- (d) A description of the manner in which Applicant-Firm receives orders from customers such as electronically, via Internet or proprietary communication devices, and the process and/or systems used. Include basic diagrams to illustrate processes if necessary.
- (e) A description of the manner in which Applicant-Firm will send orders to the Exchange, such as through an internet processing system or through a third party order routing service. Include basic diagrams if necessary.
- (f) Please provide a copy of Applicant-Firm's written supervisory procedures and information barrier procedures.

**11. Supplemental Information for Market Maker member Applicant-Firms.** In addition to the information requested above, Applicant-Firms acting as market makers are requested to provide the following information:

- (a) A list of:
  - 1. The office(s) from which Applicant-Firm will conduct BOX market making activity;
  - 2. The individual(s) responsible for supervising such trading activity.



**Part III: APPLICATION FOR MARKET MAKER STATUS**

Applicant-Firm's that will apply for Market Maker status must complete the BOX Options Participant's application and also provide the supplemental information requested below:

Return to: BOX Options Exchange LLC (the "Exchange")  
Attn: Options Participant Registration Department  
101 Arch Street, Suite 610  
Boston, MA 02110  
Ph: (617) 235-2291  
Fx: (617) 235-2253

**Date of Application:** \_\_\_\_\_

**1. Name:**

\_\_\_\_\_  
(Full and Legal Name of Applicant-Firm)

**2. Address:**

\_\_\_\_\_  
(Street) (City, State, Zip, Country)

\_\_\_\_\_  
(Telephone) (Fax Number)

**3. Primary Contact:**

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Fax) (Telephone) (Email)

(a) Regulatory Contact (if different):

\_\_\_\_\_

**4. Applicant-Firm's CRD Number:** \_\_\_\_\_



**5. Trading Location / Trading Representatives / Supervisors:** Please provide the following information:

- (a) List of the locations from which Applicant-Firm will conduct its BOX market making activity;
- (b) List all designated trading representatives; and the address(es) from which they will conduct market making or other trading activities;
- (c) List individuals responsible for supervising such trading representatives (Responsible Person) and the U.S. based address(es) from which the supervision will take place.

**6. Trading Representative Qualifications:** Please provide the following information:

- (a) Copy of Form U-4 for each of the trading representatives identified in section 5 above; and
- (b) Provide a brief description of the trading representatives qualifications
- (c) Please note that each trading representative must take an examination, submit to a new market maker orientation program (if required by the Exchange) and be approved by Exchange.

**7. Supervisory Procedures:** Please provide a copy of Applicant-Firm's written supervisory procedures for market making activities on the Exchange.

**8. Applicant-Firm's Capital:**

Please provide the source and amount of Applicant-Firm's capital to support its market making activities on the Exchange, and the source of any additional capital that may become necessary.

**9. Other Business Activities:**

If the Applicant-Firm will be conducting other business activities at the market making trading location(s), please provide:

- (a) A statement describing such activities; and
- (b) Copy of "Chinese Wall" procedures.

**10. Authorization:**

The undersigned agrees that he/she is authorized on behalf of Applicant-Firm to make this application to the Exchange.

The undersigned hereby agrees that the Applicant-Firm will abide by the Bylaws and Rules of the Exchange as they shall be amended from time to time.





The undersigned represents that, to the best of my knowledge and belief, the foregoing statements are true and correct.

The undersigned recognizes that Applicant-Firm may be the subject of an investigative consumer report ordered by the Exchange, and hereby authorizes and consents to the Exchange obtaining such report.

\_\_\_\_\_  
(Signature of Authorized Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)