



Subscriber Information Form

Subscriber			
Full Corporate Name:			
Address:			
Broker Number	CUID:	Sub ID	GST #
Service Bureau:		Extranet Provider:	
Trading Supervisor Contact		Technical Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
Billing Contact		Compliance Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
Use of Omega ATS and Lynx ATS Test Environment			
Subscriber agrees to comply with Omega ATS's rules for responsible use of its test environment.			

Authorized Traders			
If individual traders at the Subscriber will use Service Bureaus other than the one noted above to route orders to Omega, indicate which one(s) and the associated Extranet Provider(s) in the spaces provided below (otherwise leave blank). Use the Authorized Traders Excel spreadsheet for more than 2 traders.			
Trader Name :		Trader Name :	
Trader Number:		Trader Number:	
CUID:	SUB ID:	CUID:	SUB ID:
SB:	EP:	SB:	EP:
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	

Authorization	
This information is provided by Subscriber for the purpose of accessing the Omega and Lynx Alternative Trading System. It is the sole responsibility of the Subscriber to promptly inform the marketplace operator, Omega Securities Inc., of any changes to this information. The undersigned is a signing officer with authority to bind the Subscriber.	
Name of Signing Officer:	
Title:	
Signature:	Date: