## Floor Participant Application

## MIAX Sapphire™ Options Exchange



1.	Primary Contact of Applicant-Firm:							
Name Title:								
	Telephone:	Email:	CRD#:					
2.	Applicant-Firm:							
3.	Applicant-Firm Business Address:							
	Street:							
	City:	State:	Zip Code:					
4.	Applicant-Firm's CRD#:							
_	Description of a second section in	h	A Firm in analysis of					
5. Provide the number of permits in each category for which the Applicant-Firm is applying.								
	Floor Broker	Floor Market Maker	Floor Clerk					
6.	Applicant-Firm Authorized Personne	ıl						
The Applicant-Firm must provide a list of all authorized personnel on the Trading Floor via the attached form (see next p								
7.	nsurance							
	The Applicant-Firm must submit a cer	tificate of insurance as provided in I	Rule 527(d).					
8.	Authorization							
	The undersigned agrees that he/she is	Firm to make this application to the Exchange.						
	The undersigned hereby agrees that the amended from time to time.	ne Applicant-Firm will abide by the E	abide by the Bylaws and Rules of the Exchange as they shall be					
	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.							
Sigr	nature of Authorized Officer:		Date:					
	Name (Printed):		Title:					

## **Authorized Trading Floor Personnel**

It is the Applicant-Firm's responsibility to notify the Exchange's Membership Department of changes to Authorized Trading Floor Personnel, including additions and terminations. Permit Type (i.e., Floor Broker, Floor Market Maker or Clerk)

l.	Name:			2.	Name:			
	Permit Type:				Permit Type:			
	Telephone:				Telephone:			
	Email:				Email:			
	CRD#:				CRD#:			
	Securities Trader (S-57) Registration:	Yes	No		ecurities Trader 57) Registration:	Yes	No	
3.	Name:			4.	Name:			
	Permit Type:				Permit Type:			
	Telephone:				Telephone:			
	Email:				Email:			
	CRD#:				CRD#:			
	Securities Trader (S-57) Registration:	Yes	No	()	Securities Trader S-57) Registration:	Yes	No	
5.	Name:				Exchange Membership Department (Only)  Approved:			
	Permit Type:							
	Telephone:							
	Email:				Date:			
	CRD#:				Name (Printed):			
	Securities Trader (S-57) Registration:	Yes	No			Γitle:		