

# Pre-Application Survey Form

MIAX Pearl Equities Exchange

  
m<sup>ia</sup>x™

Firm Name:

Application Contact:

Title:

Telephone:

Firm CRD #:

## I. Type of Business Activity *(indicate all that apply)*

### MIAX Pearl Equities Member

Equities Market Maker

Equities Order Entry Firm

Clearing Firm

Sponsored User

Self-Clearing #(s):

Clearing Arrangement with #(s):

### Trading Categories:

Proprietary Trading

Transact Business with the Public

Other:

## II. Organizational Structure

Limited Liability Company

Partnership

Corporation

Other:

## III. Business and Operating Information

Type of trading activities description:

Description of market maker, order routing and processing systems:

Application Contact:

Name:	Title:
Telephone:	Email:

Technical Contact:

Name:	Title:
Telephone:	Email:

Trading Contact:

Name:	Title:
Telephone:	Email:

IV. Miscellaneous Information

Designated Examining Authority:		
Will your firm require connectivity to MIAX Pearl Equities?	Yes	No
Will your firm be routing orders to MIAX Pearl Equities through another firm?	Yes	No
Explain:		
Will your firm be doing a public business?	Yes	No
Will your firm receive Market Data from MIAX Pearl Equities?	Yes	No
Is your firm (or an affiliate) publicly traded?	Symbol:	Exchange: No

Encrypted electronic filings are advisable for secure personal or financial information.