



# CNSX REQUEST TO ADD TRADERS



This form must be completed and sent or faxed to CNSX Market Operations (F: 416-572-4160) in order to add new traders to an existing CNSX Dealer application and agreement. The named traders must complete CNSX Trader Training before they will become approved to trade the CNSX listed market. This form must be signed by the individual appointed as the CNSX Representative.

1. Please list the name, address, phone number, and email address of each trader requiring access to the CNSX marketplace.
2. Please indicate which order entry vendor system the trader will use and what the seven (7) digit identification codes are for their terminals
3. Check the appropriate boxes to indicate what exchanges each trader is approved to trade on and whether the trader has completed the CSI Trader Training Course
4. Confirmation of registration (indicated by province) is required for each trader Listed below

Name	Address	Phone	Email	Order Entry Vendor	7 Digit ID Code	TSX	TSX-V	CNSX	Pure	CSI Trader Training	Registration
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		( ) -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Validated By:

\_\_\_\_\_  
Name of Partner or Senior Officer appointed as CNSX Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date