



**TSX ALPHA EXCHANGE
REQUEST FOR PARTICIPATION IN ALPHA LIQUIDITY PROVISION (ALP) PROGRAM**

Notice Procedures for Updating Form

The TSX Alpha Exchange Member will provide an updated Form to its TMX Equities Trading account representative if there are any changes to the information provided in this schedule.

☐ **NEW SUBMISSION**

☐ **UPDATE**

SUBMITTED BY:

Name: _____

Tel: _____

Signature: _____

Email: _____

Member: _____

Effective Date: _____

Effective date has to be the 1st of the month.

TO BE COMPLETED BY CLIENT					
	TRADER ID(s)	Type of ID	Control of Posting Destination	DESCRIPTION*	ALP ID GROUP NAME**
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Neither	<input type="checkbox"/> Dealer <input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Underlying client	Desk/Firm/Client: Contact:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Neither	<input type="checkbox"/> Dealer <input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Underlying client	Desk/Firm/Client: Contact:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Neither	<input type="checkbox"/> Dealer <input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Underlying client	Desk/Firm/Client: Contact:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Neither	<input type="checkbox"/> Dealer <input type="checkbox"/> DEA client <input type="checkbox"/> RA client <input type="checkbox"/> Underlying client	Desk/Firm/Client: Contact:	

TSX Alpha Exchange Approval:

Account Manager: _____ Signature: _____

President, Equities Trading: _____ Signature: _____

Member is responsible for ensuring that the information set-forth on this schedule is accurate and correct at all times.

* Description must include details of trader / trade desk / firm / client representing the requested ALP Trader ID. A primary contact person responsible for each Trader ID is also to be provided.

** Each Trader ID must be associated with an ALP ID Group. An ALP ID Group can be comprised of a single Trader ID. Designation of each ALP Trader ID and aggregation of flows across Trader IDs into a single ALP ID Group requires approval and sign off by Alpha, subject to conformance with the conditions for grouping of IDs set out in the TSX Alpha Exchange Trading Fee Schedule.

Please attach a separate sheet with duplication of this table if you need more space.