**OTC Reporting Facility**

**Billing Adjustment Form**

**Instructions**

Please provide all the requested information below and email the signed form(s) with supporting documentation to Randy.Rivera@finra.org by November 23, 2012. The subject line of the email should include the following text: **FINRA ORF Billing Adjustment Request.**

Supporting documentation must contain the **Trade Report Date**, **ACT Control Number**, **FIX Tag 54 input value**, **and FIX Tag 858 input value** of the following ORF trade reports submitted between January 3, 2011 and January 27, 2012:

* + Original trade report submitted via FIX where the interpretation did not accurately reflect the parties’ intention.
	+ Same day corrected trade report to the original trade report.
	+ Corrected or “As of” trade report to the original trade report.

Supporting documentation must be provided using the [template](http://www.finra.org/web/idcplg?IdcService=GET_FILE&dDocName=p168887&RevisionSelectionMethod=LatestReleased&Rendition=primary&allowInterrupt=1) provided by FINRA and contain the above details of the original trade and details of the corresponding corrected trade report. Each file should not be larger than 10 MB size. ORF and FINRA/NASDAQ TRF data must be in provided in separate files.

Each file of the supporting documentation should be no more than 10 MB and if the files are too large to be emailed, the completed form(s) and the file in a CD-ROM or USB drive can be mailed to the following address with a postmark no later than November 23, 2012:

Randy Rivera
Associate Director, Equities
FINRA
One Liberty Plaza
165 Broadway
New York, NY 10006

You will receive a reply back from FINRA within 3 business days after receipt of the signed form and supporting documentation to confirm that your request has been received. If you do not receive a reply from FINRA, please contact Randy Rivera at (212) 858-5119 or via email at Randy.Rivera@finra.org.

Once the request has been reviewed and verified, the contact provided on this form will be notified regarding the FINRA invoice in which the credit will appear.

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**Billing Adjustment Form**

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| **Firm Name:** |
| **Contact Name/Title:** |
| **Phone Number:** | **Email Address:** |

Please provide the aggregated number of trade reports per invoice.

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| --- | --- | --- | --- | --- | --- | --- |
| **Invoice Number** | **Account Number and Site Name** | **Reporting MPID** | **Trade Report Month** | **# of Trade Reports Impacted** | **# of Same Day Corrected Trade Reports** | **# of “As of” or Corrected Trade Reports** |
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| **Authorized Contact (please print):** | **Title**:  |
| **Signature:** | **Date:** |