

TAF New Customer Request Form

Customer Firm Type

Clearing Firm OR Correspondent Firm*

* If you are a correspondent firm, please confirm that your clearing firm is not reporting on your behalf prior to submitting this form.

Firm Information

Clearing Firm # _____ Clearing Firm Name _____

Effective date (beginning of the month for which the change will take place): _____

BD#: _____

Name: _____

Contact Name: _____

Contact Telephone: _____

Contact Email Address: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Please send completed form to TAF@finra.org.

Note: A new application entitlement is required to access the online TAF form. For information about this entitlement as well as details on the online filing process, refer to the [TAF User's Guide](#).

