

# Form FP-CMA

## Application Contact Information

Provide the following information for the person who will be the primary contact for the Funding Portal (“FP”) member during FINRA’s review of the Funding Portal - Continuing Member Application (“FP-CMA”). Note that this is the person to whom FINRA will direct application-related questions and correspondence.

### Contact person

First name	<input type="text"/>
Last name	<input type="text"/>
Email address	<input type="text"/>
Phone number	<input type="text"/>

## I. General Information

a. Full Name of FP Member:	<input type="text"/>
b. SEC File No.:	<input type="text"/>
c. Business Address:	<input type="text"/>
d. All Website Addresses Where Business Is or Will Be Conducted:	<input type="text"/>

## II. Proposed Ownership or Control Change Information

Using the list below, identify all proposed ownership or control changes for the FP member that require the filing of an application pursuant to Funding Portal Rule 110(a)(4):

- A change in the equity ownership, partnership capital, Limited Liability Company (“LLC”) membership interest, or other ownership interest of the FP member that results in one person or entity directly or indirectly owning or controlling 25 percent or more of the equity or partnership capital, LLC membership interest, or other ownership interest; or
- A change, directly or indirectly, of control persons of the FP member, other than the appointment or election of a natural person as an officer or director of the FP member in the normal course of business, regardless of whether such change occurred as a result of a direct or indirect change in the equity ownership, partnership capital, LLC membership interest, or other ownership interest in the FP member.

## III. Impact of Proposed Ownership or Control Change

For each proposed ownership or control change selected above, provide an explanation addressing the impact of the proposed ownership or control change on the following components of the business of the FP member. If there will be no impact, please indicate “Not Applicable.”

- a. Impact on Owners or Control Persons  
Please identify all:
  - i. New owners that will, directly or indirectly, own or control 25 percent or more, of the FP member; or
  - ii. Persons who will, directly or indirectly, control the FP member.

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- b. Impact on Supervisory Structure and Personnel
  - i. **Attach** a chart depicting the structure reflecting the changes that will occur as a result of the proposed ownership or control change.
  - ii. **Attach** a supervisory organization chart reflecting the changes to the supervisory personnel (identified specifically by name and title) that will occur as a result of the proposed ownership or control change.
  - iii. **Attach** a copy of the documentation evidencing the proposed ownership or control change (e.g., purchase agreement, corporate resolutions, or equivalent documentation evidencing the proposed change).
  - iv. **Attach** documentation evidencing the proposed financing or other consideration for the change in ownership or control change (e.g., bank statements).

#### IV. Disclosure Information

- a. Is the FP member or any persons associated (or to be associated) with the FP member the subject of a pending, adjudicated, or settled regulatory action or investigation by the SEC, the Commodity Futures Trading Commission, a federal, state, or foreign regulatory agency, or a self-regulatory organization; an adjudicated, or settled investment-related private civil action for damages or an injunction; or a criminal action (other than a minor traffic violation) that is pending, adjudicated, or that has resulted in a guilty or no contest plea?

Yes  No

For each associated person subject to such an event, provide below their name and CRD Number as well as a brief description of the event(s), the date(s) of the event(s) and the role of the associated person with the FP member.

Name	CRD Number (if applicable)	Description of the Event	Date of the Event	Role with FP Applicant

- b. For any person identified above, provide a detailed description of the FP member’s plan for any heightened supervision of that person’s activities. In the alternative, **attach** a copy of the applicable heightened supervisory procedures.

#### Designated Signatory

I hereby certify under penalty of perjury under the laws of the United States of America, 28 U.S.C. § 1746, that the foregoing information provided by me on behalf of the FP member is true and correct to the best of my knowledge, information, and belief and that I am legally authorized to make the foregoing certification on behalf of the FP member.

Executed on: \_\_\_\_\_, 20\_\_\_\_.

Print Executive Officer Name: \_\_\_\_\_