ADF Trading Center Volume Projections

FINRA Member:
Official Address:
Official Address2:

Name of Contact:
Title of Contact:

Phone Number:
Fax Number:
Email Address of Contact:
Mailing Address (if different from above):

Forecasted ADF Volume
Q_20_

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<th>Projected Average Day</th>
<th>Projected Peak Day</th>
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### Forecasted ADF Volume

**Q_20_**

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### Number of Securities

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**Signature of Contact:** ____________________________ **Date:** __________