

TAF Customer Change Request Form

Request Type

Clearing Firm Change OR Inactivate Clearing Firm

Customer 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

Old Clearing Firm # Old Clearing Firm Name _____

New Clearing Firm # New Clearing Firm Name _____
(for changes only) (for changes only)

Comments (reason for change or cancellation):

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



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