



OATS Subscriber Initiation And Registration Form

Please complete and return this Order Audit Trail SystemSM (OATSSM) Subscriber Initiation and Registration Form to the National Association of Securities Dealers, Inc. (NASD[®]).

Completion of this Form by September 14, 1998 is mandatory if you are an Electronic Communication Network (ECN) or market maker and are required to record and report order data to OATS. NASD member firms that fail to complete and return this Form will not be able to report OATS data to the NASD; failure to report order information by the specified OATS implementation date is in violation of NASD Rules 6955 and 2110.

If you have any questions regarding OATS or this Form, please contact the NASD via phone at (888) 700-OATS or (301) 590-6503, or via e-mail at oatsscsc@nasd.com. Information about OATS and copies of this Form is also available via the NASD Regulation Web Site at www.nasdr.com.

This Form may be mailed or faxed to:

NASD Regulation, Inc.
Business Program Support
15201 Diamondback Dr.
Rockville, MD 20850
Fax: 888-345-6275 or 301-590-6504

Section 1: Organization Data

Section 1 Organization Information

If you are an NASD member firm please provide or update the preprinted information below. If you are not an NASD member firm, only provide or update your organization's name.

Organization Name: _____

Market Participant ID: _____

Section 2: OATS Reporting Phase

Section 2-A OATS Reporting Phase of Member Firms

If you are an NASD member firm, indicate the phase your organization is required to begin reporting OATS data, based on Rule 6957. If you are not a member, skip this section.

- Phase 1: All Market Makers and ECNs must report electronic orders by March 1, 1999
- Phase 2: All member firms must report electronic orders by August 1, 1999
- Phase 3: All member firms must report all manual orders by July 31, 2000.

Select one: ☐ Phase 1 ☐ Phase 2 ☐ Phase 3

If your organization is not required to report OATS data in Phase 1, do not complete the remainder of the Form. Regardless, please return this form to the NASD by September 14, 1998.

Section 2-B OATS Reporting Phase of Non-Member Firms

If you are not a member firm and are transmitting order data to the NASD, indicate the Phase during which you will begin reporting.

Select one: ☐ Phase 1 ☐ Phase 2 ☐ Phase 3

If your organization will not begin reporting OATS data in Phase 1, do not complete the remainder of the Form. Regardless, please return this Form to the NASD by September 14, 1998.

Section 3: Contacts

Section 3 OATS Contacts

Please provide the following contact information or update any preprinted information that is incorrect. The contact roles are defined below.

Order Sending Organization Administrator: Will be the primary contact for the OATS program. This contact will receive all OATS-related mailings directed to the organization. Additionally, this contact will manage User IDs and Passwords, update organization data, and disseminate OATS information throughout the organization.

Technical: Will assist the NASD in resolving OATS-related technical difficulties.

Compliance: Will assist the NASD in resolving OATS-related compliance issues.

Order Sending Organization Administrator

Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Mail Address 1: _____

Mail Address 2: _____

City, State, Zip: _____

Technical Contact

Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Section 3 (cont.) OATS Contacts**Compliance Contact**

Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Section 4: Reporting Relationships**Check All That Apply:**

- ☐ Other organizations will report order data to OATS on my organization's behalf. *(Complete Section 4-A and skip to Section 6.)*
- ☐ My organization will send order data directly to OATS. *(Complete Section 4-B.)*

Section 4-A Information About Organizations Transmitting on Your Behalf

If other organizations will be reporting order data to OATS on your behalf, please identify them by name, below. Include Market Participant Identifier (MPID), if available.

_____ MPID (if known)	_____ Organization Name
_____ MPID (if known)	_____ Organization Name
_____ MPID (if known)	_____ Organization Name

Section 4-B Information About Organizations for Which You Are Transmitting

If your organization is transmitting order data on behalf of NASD member firms, please identify by name, below. Include Market Participant Identifier (MPID), if available. Attach additional sheets if necessary.

MPID (if known)

Organization Name

MPID (if known)

Organization Name

MPID (if known)

Organization Name

MPID (if known)

Organization Name

MPID (if known)

Organization Name

Section 5: Reporting Mechanism

This section should only be completed by organizations that will transmit data to OATS.

Check All That Apply☐

My organization will report via File Transfer Protocol (FTP). Because FTP requires a private network, please provide area code and prefix of circuit locations for use in installation scheduling:

Area Code _____ and Prefix _____

Area Code _____ and Prefix _____.

☐

My organization will report via e-mail.

Section 6: Submitter Information

Printed Name of Submitter

(_____) _____

Submitter's Phone Number

Date

Please return this Form to the NASD via mail or fax by September 14, 1998 to
NASD Regulation, Inc., Business Program Support, 15201 Diamondback Dr., Rockville, MD 20850
Fax: 888-345-6275 or 301-590-6504