1. GENERAL INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:		SUFFIX:
FIRM CRD #:	*FIRM* NAME:		EMPLOYMENT DATE(MM/DD/YYYY):	
FIRM Billing Code:	*INDIVIDUAL CRD #:*		INDIVIDUAL SSN:	

Do you have an independent contractor relationship with the above named *firm*?: O Yes O No

Office of Employment Address:

O Registered O Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	*FIRM* BILLING CODE:	O Located At O Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:		CITY:			STATE:	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:		COUNTRY:			POSTAL CODE:	

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

Residential Supervisory Location (RSL) Designation: Is this Office of Employment address an RSL? O Yes   O No

If "Yes" is selected, the *firm* confirms that this location is designated as an RSL as defined in FINRA Rule 3110.

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