



55 WATER STREET  
NEW YORK, NY 10041-0099  
[www.dtcc.com](http://www.dtcc.com)

## **DTCC Solutions LLC Cost Basis Reporting Service (CBRS)**

### **IMPORTANT INFORMATION**

To help the government fight the funding of terrorism and money laundering activities, procedures have been established to obtain, verify and record information that identifies each entity that opens an account. When a firm applies for membership, we request information and documentation that allow us to identify the firm.

When required by applicable law, the Applicant/Participant shall procure the consent of any of its representatives from time to time to: (i) the processing of personal data by the Corporation (whether before, during or after the membership application); and (ii) the transfer of personal data out of the European Economic Area (the EEA) in each case for purposes in connection with the Applicant's/Participant's application for, and membership in, the Corporation. We may use the information about representatives (i) in conducting our business with the Applicant/Participant and to fulfill our regulatory obligations, as, for example, in determining individuals authorized to give instructions on behalf of the Applicant/Participant, and as contact information, and (ii) to confirm that the representatives are who they claim to be, and that senior officers of the company are fit and proper persons in accordance with our regulatory obligations. We may also collect other information about these representatives to confirm this. From time to time we may conduct investigations and research to ensure this information remains accurate. With respect to the transfer of personal data outside of the EEA, the data may be transferred to offices of the Corporation or its subsidiaries or to third parties (selected service providers who provide services in connection with the Corporation's products or services and regulatory authorities) located in countries that do not have such protective data protection legislation when compared to European law; by submitting personal data as set forth in this and similar forms related to the membership requirements of the Corporation, the Applicant/Participant agrees to the transfer, storing or processing of personal data outside of the EEA. If the Data Protection Act 1998 (the "Act") applies, the Applicant/Participant hereby warrants that the transfer of personal data of any of its representatives to the Corporation for the purposes of processing personal data as is specified herein is in compliance with the Act. Please refer to the Corporation's privacy policy at [www.dtcc.com](http://www.dtcc.com) for additional information.



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Please assist us to comply with the legal obligation to ensure that your information is kept accurate and up-to-date by ensuring that you inform us of any changes to your information.

**CBRS User Information**

New User Application     Existing Transfer Agent

\* Applicant/User Other Memberships

Transfer Agent #	Link CBRS Account to (please check one)

\*Note: You will be issued a new CBRS Account Number. This account number will be linked to your Transfer Agent Number. (DTC and NSCC Participants are not required to complete this questionnaire)

1) Full Legal Name:

Address of Head Office:

Telephone Number:

Tax Identification Number (TIN):

Address of Principal Place of Business with respect to DTCC Solutions, LLC if different from above:

Company web site address or URL:



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2) Main Contact Name:

Title:

Address:

Telephone:

Fax:

Email:

3) Additional Contacts:

	Name	Email	Telephone
<b>Compliance</b>			
<b>Business Continuity</b>			
<b>Operations</b>			

4) Primary Regulator/Designated Examining Authority

Is registration currently effective? Yes

No

If no, please provide an explanation:

5) Please select one:

Registered Broker Dealer:

Registered Investment Advisor:

1940 Act Mutual Fund Company:

Bank/Trust Company:

Transfer Agent:

Other: (please explain):

6) Date and Country of Incorporation/Formation:



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**Name, title and authorized signature of officer responsible for filing questionnaire:**

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(Name)

(Title)

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(Signature)

(Date)

Information as of: (Date)