

**Form 94-102F2**  
**Customer Collateral Report: Indirect Intermediary**

This Form 94-102F2 is to be completed by each person or company that acts as an indirect intermediary in order to comply with its reporting obligations to the local securities regulator under subsection 25(2) of National Instrument 94-102 *Derivatives: Customer Clearing and Protection of Customer Collateral and Positions* (the “**Instrument**”).

**Type of Filing:**                       INITIAL                                       AMENDMENT<sup>1</sup>

Reporting Date <sup>2</sup>	DD/MM/YY
Reporting Period <sup>3</sup>	MM/YY

Reporting indirect intermediary
[LEI] <sup>4</sup>

**Table A**

Table A is to be completed by each indirect intermediary that receives customer collateral from a customer in accordance with the Instrument. For calculations in Table A, include all customers that have posted customer collateral with the reporting indirect intermediary.

A.	Total value of non-cash customer collateral posted with the indirect intermediary as of the last business day of the Reporting Period	Total value of customer collateral posted with the indirect intermediary as of the last business day of the Reporting Period	Number of customers represented by the reported total value of customer collateral posted with the indirect intermediary <sup>5</sup>

<sup>1</sup> Please mark the form as “amendment” if the form is being resubmitted to correct or replace a form previously filed for a Reporting Period. Otherwise, please mark the form as “initial”.

<sup>2</sup> The Reporting Date must be within 10 business days of the end of the Reporting Period.

<sup>3</sup> The Reporting Period is the calendar month for which the form is submitted.

<sup>4</sup> Where an LEI is not available, please provide the complete legal name of the reporting indirect intermediary together with the complete address of its head office.

<sup>5</sup> Please report the number of customers whose customer collateral was included in calculating the value reported in the second column of Table A.

**Table B**

Table B is to be completed by each indirect intermediary that receives customer collateral from a customer in accordance with the Instrument. Complete a separate line for each location at which customer collateral is held by or for the reporting indirect intermediary. Where an LEI is not available, please provide the complete legal and operating name(s) of the permitted depository.

B.	Permitted depository
1.	[Reporting indirect intermediary, if holding customer collateral itself]
2.	[Any permitted depository holding customer collateral for the reporting direct intermediary]

**Table C**

Table C is to be completed by each indirect intermediary that has posted customer collateral with a direct intermediary in accordance with the Instrument. Complete a separate line for each direct intermediary with which the reporting indirect intermediary has posted customer collateral. Where an LEI is not available, please provide the complete legal and operating name(s) of the direct intermediary.

C.	Direct intermediary	Customer collateral	
		Total value of non-cash customer collateral posted with the direct intermediary as of the last business day of the Reporting Period	Total value of customer collateral posted with the direct intermediary as of the last business day of the Reporting Period
1.	[LEI of any direct intermediary with which the reporting indirect intermediary has posted customer collateral]		