

**21-101F4 Cessation of Operations Report for Alternative Trading System [F
Proposed - Lapsed]**

**NATIONAL INSTRUMENT 21-101
FORM 21-101F4
CESSATION OF OPERATIONS REPORT
FOR ALTERNATIVE TRADING SYSTEM**

1. Identification:

A. Full name of alternative trading system (if sole proprietor, last, first and middle name):

B. Name(s) under which business is conducted, if different from item 1A:

2. Date alternative trading system proposes to cease carrying on business:

3. If cessation of business was involuntary, date alternative trading system has ceased to carry on business:

4. Attach as Exhibit A the reasons for the alternative trading system ceasing to carry on business.

5. Attach as Exhibit B a list of each of the securities the alternative trading system trades.

6. Attach as Exhibit C the amount of funds and securities, if any, held for subscribers by the alternative trading system, or another person or company retained by the alternative trading system to hold funds and securities for subscribers and the procedures in place to return all funds and securities to subscribers.

CERTIFICATE OF ALTERNATIVE TRADING SYSTEM

The undersigned certifies that the information given in this report is true and correct.

DATED at _____ this _____ day of _____ 20 _____

(Name of alternative trading system)

(Name of director, officer or partner - please type or print)

(Signature of director, officer or partner)

(Official capacity - please type or print)