

**FORM 24-102F2**

***CESSATION OF OPERATIONS REPORT FOR CLEARING AGENCY***

1. Identification:
  - A. Full name of the recognized or exempted clearing agency:
  - B. Name(s) under which business is conducted, if different from item 1A:
2. Date clearing agency proposes to cease carrying on business as a clearing agency:
3. If cessation of business was involuntary, date clearing agency has ceased to carry on business as a clearing agency:

**Exhibits**

File all exhibits with the Cessation of Operations Report. For each exhibit, include the name of the clearing agency, the date of filing of the exhibit and the date as of which the information is accurate (if different from the date of the filing). If any exhibit required is inapplicable, a statement to that effect must be provided instead of the exhibit.

***Exhibit A***

The reasons for the clearing agency ceasing to carry on business as a clearing agency.

***Exhibit B***

A list of all participants in Canada during the last 30 days prior to ceasing business as a clearing agency.

***Exhibit C***

A description of the alternative arrangements available to participants in respect of the services offered by the clearing agency immediately before the cessation of business as a clearing agency.

***Exhibit D***

A description of all links the clearing agency had immediately before the cessation of business as a clearing agency with other clearing agencies or trade repositories.

**CERTIFICATE OF CLEARING AGENCY**

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

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Name of clearing agency)

\_\_\_\_\_  
(Name of director, officer or partner – please type or print)

\_\_\_\_\_  
(Signature of director, officer or partner)

\_\_\_\_\_  
(Official capacity – please type or print)