



NEW GROUP ACCOUNT

Firm Name:	Division/Group:
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Mailing Address:	City:
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State:	Zip:	Website:
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Client Contact: _____

Email:	Phone:	Fax:
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Name of the Designated Clearing Firm / Prime Broker Give-Up: _____

Contact Name:

Mailing Address:	City:
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State:	Zip:	Website:
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Email:	Phone:	Fax:
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Send Brokerage Invoices/Commission Bills to (please check): Customer____ Clearing Broker____

Billing Method (please check): E-MAIL____	MAIL____	FAX____
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Principal Authorizing Account for Client

Signature:

Print Name:

Title:

Date:



CONTACT INFORMATION			
Business Contact		Compliance Contact	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Technical Contact		Trading Contact	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Billing Contact		Designated Back Office Representative	
Name:		Name:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Mailing Address:		Mailing Address:	
City:		City:	
State:	Zip:	State:	Zip:



LOGIN FORM

Firm Name: _____	Division: _____
Trader's Name: _____	Clerk's Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Instant Message: _____	Instant Message: _____

Primary Products Traded:

Login Type (please check): Master Login____ Demo login____ Individual Login____

Name of the Designated Clearing Firm / Prime Broker: _____

Default Account(s) Short Name: _____	Additional Account(s) Short Name: _____
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Principal Authorizing this Individual to Trade

Signature: _____

Print Name: _____

Title: _____

Date: _____

For Ballista use only

Ballista Group Account: _____

LOGIN: _____

Ballista Employee Performing Account Set Up: _____

Signature: _____

Print Name: _____



CLEARING / PRIME BROKERAGE INFORMATION

Account Type (check one): Institution / Fund____ Firm / Broker-Dealer____	
Name of the Designated Clearing Firm / Prime Broker Give-Up: _____	
Designated Contact Name:	Email:
Phone:	Fax:
Default Account(s) Short Name:	Additional Account(s) Short Name:
CMTA Clearing #:	Remote Clearing #:
Institutional ID#:	Agent ID#:
(check one) DVP____ 9A9B____	(If broker/dealer) CRD#:
<p>List each System or Clearing Firm you wish to have drop copies sent to</p> <p><u>NOTE: You must authorize your clearing firm to request the drop copies from Ballista.</u></p>	
OMS Name: _____ Firm Name: _____ Contact Name: _____ Phone: _____ Email: _____	EMS Name: _____ Firm Name: _____ Contact Name: _____ Phone: _____ Email: _____
Clearing Name: _____ Firm Name: _____ Contact Name: _____ Phone: _____ Email: _____	Specialty Name (i.e. microhedge): _____ Firm Name: _____ Contact Name: _____ Phone: _____ Email: _____



BALLISTA SECURITIES, LLC DUE DILIGENCE QUESTIONNAIRE

Type of Firm (check one) Institution / Fund ____ Firm / Broker Dealer ____

Please confirm: Is your firm a (Check if applicable)

Foreign Bank ____

Correspondent Account for Foreign Bank ____

Private Banking Account ____

Account for Senior Foreign Political Figure ____

Clearing Information

(If broker/dealer) CRD#:

Tax ID#:

Institutional ID#:

Agent ID#:

**Please complete the following Due Diligence questionnaire by supplying brief answers.
The questionnaire is intended solely for the use by the Ballista Securities, LLC staff.**

Organization

1. Briefly describe or categorize the overall business of your firm.

2. Is the firm affiliated with any other institution or a broker-dealer? **(If yes please state the firm and its address)**

Firm Name:

Address:

3. If a fund, please indicate total Assets Under Management. **(If a Broker Dealer, please list Total Revenue from last fiscal year)**

AUM:

Total Revenue:

4. List all of the Prime Brokers/Clearing Firms for the firm and a back office contact for each:

Firm Name :

Firm Name :

Contact Name:

Contact Name:

Contact Phone:

Contact Phone:

Principal completing due diligence questionnaire

Signature:

Print Name:

Title:

Date: