

*Note: [03 Jul 2017] – The following is 94-102F3 as it was initially implemented. This version of 94-102F3 is no longer current.*

**FORM 94-102F3**  
**CUSTOMER COLLATERAL REPORT: REGULATED CLEARING AGENCY**

This Form 94-102F3 is to be completed by each regulated clearing agency in order to comply with its reporting obligations to the local securities regulator under section 43 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 regulated clearing agency
[LEI] <sup>4</sup>

**Table A**  
 Table A is to be completed by each regulated clearing agency that receives customer collateral from a direct intermediary in accordance with the Instrument. Complete a separate line for each direct intermediary that has posted customer collateral with the reporting regulated clearing agency. Where an LEI is not available, please provide the complete legal name of the direct intermediary.

A.	Direct intermediary	Customer collateral	
		Total value of non-cash customer collateral posted with the regulated clearing agency as of the last business day of the Reporting Period	Total value of customer collateral posted with the regulated clearing agency as of the last business day of the Reporting Period
1.	[LEI of any direct intermediary that has posted customer collateral with the reporting regulated clearing agency]		

<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 regulated clearing agency together with the complete address of its head office.

**Table B**

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

B.	Permitted depository
1.	[LEI of reporting regulated clearing agency, if holding customer collateral itself]
2.	[LEI of any permitted depository holding customer collateral for the reporting regulated clearing agency]