

Uniform Branch Office Registration Form

GENERAL INSTRUCTIONS

The Uniform Branch Office Registration Form (Form BR) is the form used for branch office registration, notification, *closing* or *withdrawal*. Broker-Dealers and Investment Advisers must use Form BR to register or notice file their branch offices in the appropriate participating *jurisdictions* and/or with *self-regulatory organizations* (*SROs*). These instructions apply to the filing of Form BR electronically with the Central Registration Depository ("CRD®"). Filers submitting paper filings should read the Special Instructions For Paper Filers (*Jurisdictions* Only) in conjunction with the other instructions to Form BR. In addition, paper filers should contact the appropriate *jurisdiction* for specific filing instructions or requirements.

Filers must answer all questions and submit all requested information, unless otherwise directed in the Specific Instructions.

Upon request, filers may be required to provide documents to clarify or support responses to Form BR.

An *applicant* is under a continuing obligation to promptly update Form BR whenever the information becomes inaccurate or incomplete. Amendments must be filed electronically (unless the filer is an approved paper filer) by promptly updating the appropriate section of Form BR. **Note: The *SROs* and most *jurisdictions* require that an amendment be filed not later than 30 days after the *applicant* learns of the facts and circumstances giving rise to the amendment.**

Some *jurisdictions* require approval of a branch office before business can be conducted at a branch office location.

Filers should contact the appropriate *SRO* or *jurisdiction* with any questions relating to Form BR or branch registration/notice filing requirements.

Electronic Filing Instructions

An *applicant* must file a complete Form BR to register or notice file a branch office with the CRD system for the first time. All questions must be answered and all sections/fields requiring a response must be completed before the filing will be accepted. The *applicant* must complete Section 8 (Signature) to certify that Form BR and amendments thereto have been executed properly and that the information contained therein is accurate and complete. To amend information, the *applicant* must update the appropriate Form BR sections.

Special Instructions For Paper Filers (*Jurisdictions Only*)

Some *jurisdictions* may require a separate paper filing of Form BR. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements. Type applicable information. Provide the name of the *applicant* and the date on each page. Use only the current version of Form BR, or a reproduction of the form. For an amendment to Form BR, circle the number of any item for which you are changing your response on Form BR and complete Section 8 (Signature). On an initial Form BR filing, attach Section 8 (Signature) with original manual signatures.

The sections of Form BR are as follows:

1. GENERAL INFORMATION
2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE/ACTIVITIES
3. OTHER BUSINESS ACTIVITIES/NAMES/WEBSITES
4. BRANCH OFFICE ARRANGEMENTS
5. *ASSOCIATED INDIVIDUALS*
6. BRANCH OFFICE *CLOSING*
7. BRANCH OFFICE *WITHDRAWAL* (PENDING APPLICATION)
8. SIGNATURE

SPECIFIC INSTRUCTIONS

Completing Form BR

1. GENERAL INFORMATION

Applicant CRD Number

The *applicant's* CRD number will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Applicant Name

The *applicant's* name will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Address Street 1/Street 2

The address where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

City

The name of the city where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

State

The name of the state where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Country

The country where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Postal Code

The postal code where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Firm Billing Code

A number selected by the *applicant* for its internal billing purposes. A firm billing code consists of up to eight alpha/numeric characters. This field is optional. If the *applicant* does not use billing codes, leave this field blank.

Branch Code Number

A number selected by the *applicant* to identify an *applicant's* branch office. The branch code number can be up to fifteen alpha/numeric characters, and may be the same as the firm billing code. This field is optional. If the *applicant* does not use branch code numbers, leave this field blank.

CRD Branch Number

The CRD branch number for this office is assigned by the CRD system to identify this branch office of the *applicant*.

Branch Address Street 1/Street 2

Enter the address where this branch office is physically located. A complete address must be furnished. Enter the actual street address in Branch Address Street 1 - post office boxes are not acceptable in this field. Enter additional identifying information in Branch Address Street 2, if necessary.

City

Enter the name of the city where this branch office is physically located.

State

Enter the state where this branch office is physically located.

Note: If the *applicant* files a Form BR amendment to relocate this branch office to another state, the amendment filing represents the *applicant's* acknowledgement that it is *closing* this branch office in the current state. In addition, if the *applicant* is relocating this branch office to a state that requires branch office registration or notice filing, the amendment filing represents the *applicant's* acknowledgement that it is requesting branch office registration or notice filing in that state.

Country

Enter the name of the country where this branch office is physically located.

Postal Code

Enter the postal code where this branch office is physically located.

Private Residence Check Box

Check this box if this branch office is also a private residence. Checking this box may not necessarily prevent the Branch Address from disclosure to the public.

Branch Telephone Number

Enter the telephone number of this branch office.

Branch Facsimile Number

Enter the facsimile number of this branch office.

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE/ACTIVITIES

Register/Notice File Branch Office with *SRO/Jurisdiction*

The CRD system will populate the applicable *SRO* and/or *jurisdiction* with which you may be required to register or notice file this branch office based on the *applicant's* current registrations and where this branch is physically located. If *applicant* is not required to register or notice file this branch office with an *SRO* and/or *jurisdiction* that has been populated, you may remove that registration/notice request. Note: If *applicant* files a Form BR amendment to relocate this branch office to another state, the amendment filing represents *applicant's* acknowledgement that it is *closing* the branch office in the current state. In addition, if *applicant* is relocating this branch office to a state that requires branch office registration or notice filing, the amendment filing represents *applicant's* acknowledgement that it is requesting branch office registration or notice filing in that state.

Type of Branch Office Registration/Notice Filing

Registering/Notice Filing: To register or notice file this branch office with a *jurisdiction*, select the type of registration/notification you are seeking: Broker-Dealer and/or Investment Adviser.

Terminating registration/notice when *applicant* is dually registered: To terminate the branch registration or notice of this branch office when the *applicant* is registered as both a Broker-Dealer and Investment Adviser, uncheck the applicable box (i.e., Broker-Dealer or Investment Adviser) and file an amended Form BR. To terminate both Broker-Dealer and Investment Adviser registrations/notices for this branch office, you must file a branch "*closing*" under Section 6.

Types of Activities

Check all applicable types of financial industry activities conducted by the *applicant* at this branch office.

Office of Supervisory Jurisdiction

Indicate whether this branch office is an *Office of Supervisory Jurisdiction (OSJ)*.

Supervisor Detail

Answer "yes" if this branch office is an *Office of Supervisory Jurisdiction (OSJ)*. Then in the "*Supervisor Detail*" section enter the CRD number of the *Supervisor(s)* physically located at this *OSJ* that is responsible for supervising this branch office; entering the CRD number will populate the individual's name. The "Type of Activity" field is optional.

Supervisory OSJ Branch and Person-In-Charge Detail

Answer "no" if this branch office is not an *OSJ*. Then in the "*Supervisory OSJ Branch Detail*" section enter the CRD branch number(s) for the *OSJ(s)* that has supervisory responsibility for this branch office and the CRD number(s) of the *Supervisor(s)* at the *OSJ* that supervise(s) this branch office. In addition, in the "*Person-in-Charge Detail*" section enter: the CRD number(s) of the *Person(s)-in-Charge* physically located at this branch office. Entering the CRD number will populate the individual's name. The "Type of Activity" field is optional and allows this branch office to identify specific lines of business for each *supervisor* and *person-in-charge*.

Office of Municipal Supervisory Jurisdiction

If your firm is registered with the Municipal Securities Rulemaking Board (MSRB), indicate whether or not this branch office is an Office of Municipal Supervisory Jurisdiction, as defined under MSRB rules. This field is optional. If the *applicant* is not registered with MSRB or chooses not to report this information, leave this field blank.

3. OTHER BUSINESS ACTIVITIES/NAMES/WEBSITES**Other Business Activities**

Indicate whether any *associated individual* conducts, at this branch office, any *investment-related* activity in addition to those activities conducted by the *applicant* that are identified in Section 2 (Registration/Notice Filing/Type of Office/Activities). If you answer "yes", for each such activity, provide the name under which the other business activity is conducted; describe the activity; and indicate whether the activity is conducted on behalf of a firm affiliated with the *applicant*.

Other Business Names

Indicate whether any *associated individual* conducts any *investment-related* activity of the *applicant*, at this branch office, under any "doing business as" name, other than those names disclosed on the *applicant's* Form BD and/or Form ADV.

Website Addresses

Indicate whether this branch office or any of its *associated* individuals maintains a website, other than the primary website address maintained by the *applicant*. If you answer "yes", enter all website addresses maintained by this branch office or any of its *associated individuals*.

4. BRANCH OFFICE ARRANGEMENTS

Arrangements

Indicate whether this branch office occupies, shares space with, or jointly markets with, any other *investment-related* entity. If you enter "yes", enter the CRD number (if applicable), name and type of entity.

Indicate whether this branch office is a business location that operates pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office. If you answer "yes", enter the CRD number (if applicable), name and type of *person*.

Indicate whether this branch office has primary responsibility for decisions relating to the employment and remuneration for *associated individuals* at this location.

Indicate whether any *person* other than the *applicant* has responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise has a financial interest in this branch office or its activities. If you answer "yes", provide details for each *person* responsible for expenses or with a financial interest and an explanation of the arrangements.

Books and Records

Indicate whether any of the records pertaining to this branch office are maintained at any other location, not including this branch office, the main office, or in the case of a non-OSJ, the supervisory OSJ. If "yes", provide the address of the location(s) and the contact person's name, telephone and email address (optional).

5. ASSOCIATED INDIVIDUALS

Initial Filings Only: Enter the name and/or CRD number of all registered individuals, other than the *Supervisor(s)/Person(s)-in-Charge* listed in Section 2 (Registration/Notice Filing/Type of Office/Activities), who will be associated with this branch office upon the opening of this branch office. Entering the CRD number will populate the individual's name. Note: This section will appear and be required to be completed only for initial branch office filings. To associate a registered individual with a branch office after the initial branch office filing, update the office of employment address on that individual's Form U4.

6. BRANCH OFFICE CLOSING

If you are *closing* a branch office registered or notice filed with an *SRO* or *jurisdiction*, complete the following information.

Date operations ceased, or will cease, at the branch office

Enter the month, day, and year this branch office closed or intends to close.

Location of Books and Records

Address Street 1/Street 2

Enter the address of the location (or locations, if more than one) of the books and records for this branch office.

City

Enter the name of the city of the location (or locations, if more than one) of the books and records for this branch office.

State

Enter the state of the location (or locations, if more than one) of the books and records for this branch office.

Country

Enter the country of the location (or locations, if more than one) of the books and records for this branch office.

Postal Code

Enter the postal code of the location (or locations, if more than one) of the books and records for this branch office.

Contact Information

Name

Enter the name of the individual that can be contacted regarding information on the books and records for this branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the books and records for this branch office.

Email Address

Enter the email address of the individual that can be contacted regarding information on the books and records for this branch office.

7. BRANCH OFFICE WITHDRAWAL

If you are withdrawing a pending application, complete the following information:

Date of *Withdrawal*

Enter the month, day, and year of *withdrawal*.

Reason for *Withdrawal*

Enter the reason for *withdrawal*.

Contact Information

Name

Enter the name of the individual that can be contacted regarding information on the *withdrawal* of this branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the *withdrawal* of this branch office.

Email Address

Enter the email address of the individual that can be contacted regarding information on the books and records for this branch office. This field is optional.

8. SIGNATURE

Please Read Carefully

All signatures required on this Form BR filing must be made in this section. A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

Signature of *Appropriate Signatory*. Enter the name of the *Appropriate Signatory*. The name must be typed or printed (if paper filing) as it appears in signature form.

By typing a name in this field, the signatory acknowledges that this entry constitutes in every way, use, or aspect, his or her legally binding signature.

Name/Title/Telephone Number of Individual Filing the Form. Enter the name, title, and telephone number of the individual filing the form.

Email Address.

Enter the email address of the individual filing this Form BR. This field is optional.

Date. Enter the month, day, and year that the form is being signed. Future dates may not be entered in this section.

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in Form BR.

APPLICANT – The Broker-Dealer or state registered Investment Adviser filing or amending this form.

APPROPRIATE SIGNATORY – The individual the *applicant* authorizes to execute the *applicant's* Form BR on the *applicant's* behalf. The *appropriate signatory* must meet the criteria established, if any, by the appropriate *self-regulatory organization* and/or *jurisdiction*.

ASSOCIATED INDIVIDUAL – For purposes of Form BR, a natural person who is registered with the *applicant*.

CLOSING – An *applicant's* request to terminate a branch office registration or notice filing when an *applicant* intends to cease, or has ceased, operations at a branch office.

INVESTMENT-RELATED – Pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a Broker-Dealer, issuer, investment company, Investment Adviser, futures sponsor, bank, or savings association).

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

OFFICE OF SUPERVISORY JURISDICTION (OSJ) – A location as defined by FINRA Rules.

PERSON – An individual, partnership, corporation, trust, or other organization.

PERSON-IN-CHARGE – A natural person, associated with the *applicant* and appropriately registered, who is physically located at a non-OSJ branch office and who has been designated by the *applicant* to manage the activities of the individuals working at the branch office. The *Person-in-Charge* is not required to be registered in a principal capacity with the *applicant*.

SELF-REGULATORY ORGANIZATION (SRO) – Any national securities or commodities exchange or registered securities association, or registered clearing agency.

SUPERVISOR – A natural person, associated with the *applicant* and appropriately registered in a principal capacity with an SRO, who is physically located at an OSJ branch office.

WITHDRAWAL – An *applicant's* request to withdraw an initial Form BR filing prior to approval of the branch office identified in that filing. *Withdrawal* applies only for *jurisdictions/SROs* that register branch offices.

FIRM NAME:	CRD Number:
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1. GENERAL INFORMATION

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a Broker-Dealer or Investment Adviser would violate the federal securities laws, *self-regulatory organization* rules, and the laws of the *jurisdictions*, and may result in disciplinary, administrative, injunctive, or criminal action.

A. Applicant CRD Number:

B. Name and principal place of business of firm filing this form:

Applicant Name:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

C. Firm Billing Code:

D. Branch Code Number:

E. CRD Branch Number:

F. Branch Office Location

Branch Address Street 1:

Branch Address Street 2:

City:

State:

Country:

Postal Code:

By filing this amendment to relocate this branch office from, and/or to, a state that requires registration or notice filing of branch offices, *applicant* acknowledges that it is *closing* the branch office in ____ [and requesting branch registration or notice filing in ____].

G. Private Residence Check Box:

If this address is a private residence, check this box.

H. Branch Telephone Number:

I. Branch Facsimile Number:

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE/ACTIVITIES

A. Register/Notice File Branch Office with *SRO/Jurisdiction*:

FINRA NYSE *Jurisdiction:* _____

B. By filing this amendment to relocate this branch office from, and/or to, a state that requires registration or notice filing of branch offices, the *applicant* acknowledges that submission of this amendment closes this branch office in ____ [and requests branch registration in ____] [and requests branch notice filing in ____].

C. Type of Branch Office Registration/Notice Filing:

Broker-Dealer Investment Adviser

D. Check all applicable types of financial industry activities conducted by the *applicant* at this branch office:

- Sales
 - Retail
 - Institutional
- Investment Advisory Services
- Investment Banking/Underwriting
- Research
- Market Making/Trading
- Back Office Operations
- Public Finance
- Other

E. Is this branch office an *Office of Supervisory Jurisdiction (OSJ)*?

Yes No

If yes:

(1) Provide the following information for the *Supervisor(s)* physically located at this *OSJ* that is responsible for supervising this branch office.

Supervisor Detail:

<i>Supervisor</i> CRD Number	<i>Supervisor</i> Name	Type of Activity (Optional)	Delete
			<input type="checkbox"/>

If no:

(2) Provide the following information for the *OSJ* branch office(s) and *OSJ Supervisor(s)* that have supervisory responsibility for this branch office:

Supervisory *OSJ* Branch Detail:

<i>OSJ</i> Branch CRD Number	<i>OSJ Supervisor</i> CRD Number	<i>OSJ Supervisor</i> Name	Type of Activity (Optional)	Firm Billing Code	Delete
					<input type="checkbox"/>

(3) Provide the *Person(s)-In-Charge* physically located at this branch office:

***Person-In-Charge* Detail:**

<i>Person-In-Charge</i> CRD Number	<i>Person-In-Charge</i> Name	Type of Activity (Optional)	Delete
			<input type="checkbox"/>

F. If the *applicant* is registered with the Municipal Securities Rulemaking Board (MSRB), is this branch office an Office of Municipal Supervisory Jurisdiction as defined under MSRB rules? (Optional)

Yes No

3. OTHER BUSINESS ACTIVITIES/NAMES/WEBSITES

Other Business Activities

A.(1) Does any *associated individual* conduct, at this branch office, *investment-related* activity in addition to the activities conducted by the *applicant* that are identified in Section 2 (Registration/Notice Filing/Type of Office/Activities)?

Yes ___ No ___

(2) If yes, provide the following information:

Name under which other business activity is conducted	Description of Activity	Is this activity conducted on behalf of a firm affiliated with the <i>applicant</i> ? (Y/N)	Delete
			<input type="checkbox"/>
			<input type="checkbox"/>

Other Business Names

B.(1) Does any *associated individual* conduct any *investment-related* activity of the *applicant*, at this branch office, under any “doing business as” name other than those names disclosed on the *applicant's* Form BD or Form ADV?

Yes No

(2) If yes, provide all other business names used for any *investment-related* activity of the *applicant* by *associated individuals* at this branch office:

Name	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

Other Websites

C.(1) Does this branch office or any of its *associated individuals* maintain a website other than the primary website address maintained by the *applicant*?

Yes No

(2) If yes, provide the website address(es) maintained by this branch office or any of its *associated individuals*:

Website Address	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

4. BRANCH OFFICE ARRANGEMENTS

A. Does this branch office occupy or share space with or jointly market with any other *investment-related* entity?

- Yes No

If yes, please enter the CRD number (if applicable), Name, and Type of each entity:

CRD Number	Name	Affiliate (Y/N)	Type of Entity	Delete
			<input type="radio"/> Broker-Dealer <input type="radio"/> Investment Adviser <input type="radio"/> Commodities <input type="radio"/> Bank <input type="radio"/> Credit Union <input type="radio"/> Savings bank <input type="radio"/> Savings association <input type="radio"/> Other federally insured depository institution <input type="radio"/> Insurance <input type="radio"/> Real Estate: <input type="radio"/> Other: <input style="width: 150px; height: 15px;" type="text"/>	<input type="checkbox"/>

B. Is this branch office a business location that operates pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?

- Yes No

If yes, enter the CRD number (if applicable), Name, and Type of *person(s)* (Entity/Individual) with whom the agreement or contract was entered:

CRD#	Name	Type of <i>Person</i>	Delete
		<input type="radio"/> Entity <input type="radio"/> Individual	<input type="checkbox"/>

C. Does this branch office have primary responsibility for decisions relating to the employment and remuneration of its *associated individuals* at this location?

- Yes No

D. Does any *person* other than the *applicant* have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?

Yes No

If yes:

(a) Provide the following information for each *person* (Entity/Individual) responsible for expenses or with a financial interest:

Name	CRD Number	EIN	Type of <i>Person</i>	Registered (Y/N)	Delete
			<input type="radio"/> Entity <input type="radio"/> Individual		<input type="checkbox"/>

(b) Provide an explanation of the expense payment/financial interest arrangement:

E. Are any of the records pertaining to this branch office maintained at any other location, other than this office, the main office, or in the case of a non-OSJ, its supervisory OSJ?

Yes No

If yes, provide the address of the location(s) and the contact person's name and telephone number:

Address (Street/City/State/Country/ Postal Code)	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

First Name:

Last Name:

Daytime Telephone Number:

Email Address (optional):

5. ASSOCIATED INDIVIDUALS

Complete this section for initial filings only.

A. List all registered individuals other than the *Supervisor(s)/Person(s)-in-Charge* that will be associated with this branch office:

Individual Name	CRD Number

6. BRANCH OFFICE CLOSING

A. Date operations ceased or will cease at this branch office (MM/DD/YYYY):

B. Location(s) of Books and Records

Address (Street/City/State/Country/ Postal Code)	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

C. Contact Information

First Name:

Last Name:

Daytime Telephone Number:

Email Address:

7. BRANCH OFFICE WITHDRAWAL

A. Date of *Withdrawal* (MM/DD/YYYY):

B. Reason for *Withdrawal*:

C. Contact Information

First Name:

Last Name:

Daytime Telephone Number:

Email Address (optional):

8. SIGNATURE

The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the *applicant*. The undersigned and the *applicant* represent that the information and statements contained herein, and all materials filed in connection with this form, are current, true and complete. The undersigned and the *applicant* further represent that to the extent any information previously submitted is not amended, such information is accurate and complete. False statements on this application or any amendment thereto shall constitute a violation of the rules of the applicable *SRO(s)* and/or *jurisdiction(s)*.

A “signature” includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The *applicant* or *applicant’s* agent has typed the *applicant’s* name under this section to attest to the completeness and accuracy of this record. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

Signature of *Appropriate Signatory*:

Signature Line _____

Date (MM/DD/YYYY):

Contact Information for Individual Filing Form

Name:

Title:

Telephone Number:

Email Address (optional):