



Department of Commerce

Division of Securities
77 South High Street, 22nd Floor
Columbus, Ohio 43215-6131
Telephone (614) 644-7381

DEALER QUESTIONNAIRE AND AFFIDAVIT: PRIOR SALES

Date: _____

Full Name of Dealer: _____

Firm CRD No.: _____

The undersigned authorized signatory certifies as follows: I have conducted a thorough review into the activities of the Dealer listed above, and, to the best of my knowledge within the past 60 months, the Dealer has not effected any non-exempt transactions in the State of Ohio.

If any transactions were made in the past 60 month's reliance upon an exemption, I have attached a list of those transactions. As to those transactions, I have identified the exemption upon which the Dealer relied and provided an explanation.

For those transactions that occurred within the past 60 months that were effected without the benefit of an exemption, I am providing the following information:

- The accountholder's name address and telephone number;
- Name of the security;
- Date and amount of the trade, including the commission paid to the Dealer and to the Agent; and
- The Agent who effected the transaction.

I am aware that the State of Ohio may verify this information with my clearing firm.

I further certify that the Dealer listed above will refrain from transacting business as a Dealer in Ohio until registration is completed.

I acknowledge that if my response to any of the above is false, or if the Dealer transacts business during the period prior to licensure, the Dealer and I are subject to sanctions pursuant to the laws of Ohio.

Name of Authorized Signatory (Please Print)

Signature of Authorized Signatory

Subscribed and sworn before me this ____ day of _____, 2____.

County of _____, State of _____.

My commission expires _____.

Notary Public Signature

COM4523 (Revised 09/2017)