



## CLEARING PARTICIPANT RESTRICTION FORM

Clearing Participant: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with the Rule 7190 of BOX Exchange, LLC (“BOX” or “the Exchange”), the Clearing Participant listed above authorizes the Exchange to restrict the Options Clearing Corporation (“OCC”) number(s) listed below, and thereby require BOX Executing Participants to have prior authorization for giving-up restricted OCC number(s) to the Exchange. The Clearing Participant must indicate below the OCC number(s) to be restricted for the Exchange.

**Note:** Once an OCC number is marked as restricted, no BOX Executing Participant will be able to use that restricted OCC number unless they have either: (1) an executed Clearing Authorization form on file with BOX Membership Department, with that Clearing Participant; or (2) the BOX Executing Participant is authorized by the Clearing Participant pursuant to the applicable Exchange rule 7190 and designated as authorized on this form.

**Instructions:** To authorize or revoke a BOX Participant’s use of a restricted OCC number, please enter the applicable information below and submit to [membership@boxexchange.com](mailto:membership@boxexchange.com). List the restricted OCC number and provide, if applicable, each BOX Participant that is authorized or restricted to give up each restricted OCC number listed. If necessary, please attach additional sheets.

| Restricted OCC Number | BOX Participant | Authorized | Revoked |
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| Restricted OCC Number | BOX Participant | Authorized | Revoked |
|-----------------------|-----------------|------------|---------|
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By executing this Clearing Participant Restriction Form, the Clearing Participant grants the Exchange permission to publish the Clearing Participant’s restricted OCC number(s) on the Exchange website for purposes of providing notice to other BOX Participants that the Clearing Participant’s OCC number(s) will not be available for Give Up.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Clearing Participant Contact Person  
(to be provided to Participants seeking authorization): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_