



State Securities Board
P.O. Box 13167
Austin, Texas 78711-3167

Application for Designation as Matching Service Under §109.15

1. Applicant's name: _____
Address: _____

Principal place of business (if applicable): _____

Telephone: _____

Applicant is (check one):

Governmental entity _____ Type: _____
Statutory authority: _____

Quasi-governmental entity _____ Type: _____
Statutory authority: _____

Institution of
Higher Education _____ Type: _____
Accrediting agency: _____

Nonprofit corporation _____
If nonprofit corporation, describe in detail nature of association with
governmental or quasi-governmental entity, or institution of higher
education, identify entity and, if applicable, cite statutory authority:

2. Correspondent's name: _____
Firm (if applicable): _____
Address: _____

Telephone: (____) _____

3. Describe in detail, on separate sheets of paper, the matching service facility operated or proposed to be operated by the applicant. Address, among other things, how investor and issuer members are identified and made aware of the facility and how the operations of the facility and the presentation of business plans are limited to ensure compliance with §109.15. Demonstrate that the facility and its employees do not and will not have any business relationship with any investor or issuer member, other than as permitted in §109.15. If the applicant currently operates a facility, describe the history of operations. Provide copies of all materials generated or maintained by the applicant demonstrating that the matching service is limited to providing investor members with summary business plans and identities of issuer members.

4. Describe in detail, on separate sheets of paper, the nature of the inquiry the applicant undertakes to determine whether investor members are properly qualified.

5. State the number of employees engaged in operating the facility, describe the functions of each employee, and describe how employees are compensated: _____

6. Affirm that no employee is required under The Securities Act to be a registered dealer, salesman or agent. If any employee, officer, director, or control person, has, at any time within the past five years, been engaged in the offer or sale of securities as a dealer, salesman or agent, identify such employee(s), officer(s), director(s), or control person(s), describe the nature of the securities-related activities, and firm affiliation (if any, with dates): _____

7. If any employee, officer, director, or control person of the applicant is subject to any disqualification set forth in §109.13(k)(2)(A)-(E) of this title, give the name of such employee, officer, director, or control person and all particulars in an attached statement.

8. What fees are charged members for use of the facility? _____

9. How are fees calculated? _____

10. Provide information demonstrating that fees are not in excess of amount necessary to cover reasonable operating costs and are in no way related to the amount of money being raised by any issuer member or the amount of securities sold by any issuer member.

11. If applicable, describe in detail how the facility is advertised or proposed to be advertised. Include text of any advertisement pertaining to the facility: _____

STATE OF _____

COUNTY OF _____

The undersigned being duly sworn deposes and says that he or she has executed the foregoing application for and on behalf of the applicant named therein; that he or she is authorized to execute and file the application; that to the best of his or her knowledge and belief the statements made in the application are true and the documents submitted therewith are true copies of the originals; and that if the applicant is designated as a matching service for purposes of §109.15, he or she agrees, on behalf of the applicant, to limit advertisement of the service facility as set out in §109.15(c)(8) and, on objection of the Securities Commissioner, to cease any such advertisement.

(Date)

(Applicant's Signature)

(Capacity)

Subscribed and sworn to before me the _____ day of _____, 19 _____.

Notary Public in and for the County of _____
State of _____

(NOTARY SEAL)

My commission expires _____