

# CFTC FORM 102

## Identification of Special Accounts, Volume Threshold Accounts, and Consolidated Accounts



**NOTICE:** Failure to file a report required by the Commodity Exchange Act (“CEA” or the “Act”)<sup>1</sup> and the regulations thereunder,<sup>2</sup> or the filing of a report with the Commodity Futures Trading Commission (“CFTC” or “Commission”) that includes a false, misleading or fraudulent statement or omits material facts that are required to be reported therein or are necessary to make the report not misleading, may (a) constitute a violation of § 6(c)(2) of the Act (7 USC 9, 15), § 9(a)(3) of the Act (7 USC 13(a)(3)), and/or § 1001 of Title 18, Crimes and Criminal Procedure (18 USC 1001) and (b) result in punishment by fine or imprisonment, or both.

### PRIVACY ACT NOTICE

The Commission’s authority for soliciting this information is granted in sections 4a, 4c(b), 4g, 4i and 8 of the CEA and related regulations (see, e.g., 17 CFR § 17.01(b)). The information solicited from entities and individuals engaged in activities covered by the CEA is required to be provided to the CFTC, and failure to comply may result in the imposition of criminal or administrative sanctions (see, e.g., 7 U.S.C. §§ 9 and 13a-1, and/or 18 U.S.C. 1001). The information requested is most commonly used in the Commission’s market and trade practice surveillance activities to (a) provide information concerning the size and composition of the commodity derivatives markets, (b) permit the Commission to monitor and enforce speculative position limits and (c) enhance the Commission’s trade surveillance data. The requested information may be used by the Commission in the conduct of investigations and litigation and, in limited circumstances, may be made public in accordance with provisions of the CEA and other applicable laws. It may also be disclosed to other government agencies and to contract markets to meet responsibilities assigned to them by law. The information will be maintained in, and any additional disclosures will be made in accordance with, the CFTC System of Records Notices, available on [www.cftc.gov](http://www.cftc.gov).

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<sup>1</sup> 7 U.S.C. section 1, *et seq.*

<sup>2</sup> Unless otherwise noted, the rules and regulations referenced in this notice are found in chapter 1 of title 17 of the Code of Federal Regulations; 17 CFR Chapter 1 *et seq.*

## **BACKGROUND & INSTRUCTIONS**

17 CFR § 17.01(a) requires each futures commission merchant, clearing member, or foreign broker to identify and report its special accounts to the Commission on Form 102. 17 CFR § 17.01(b) requires each clearing member to identify and report its volume threshold accounts to the Commission on Form 102. In addition, 17 CFR § 20.5 requires each reporting entity holding or carrying a consolidated account with a reportable position to identify and report the counterparty of such account to the Commission by submitting a 102S filing. As appropriate, please follow the instructions below to generate and submit the required report or filing. Unless the context requires otherwise, the terms used herein shall have the same meaning as ascribed in parts 15 to 21 of the Commission's regulations.

**Complete Form 102 as follows:**

General Information – Cover Sheet:	All filers.
Section 102A:	Only complete when submitting Form 102 for a special account.
Section 102B:	Only complete when submitting Form 102 for a volume threshold account.
Section 102S:	Only complete when submitting a 102S filing.
Signature/Authentication:	All filers.

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**Submitting Form 102:** Once completed, please submit this form to the Commission pursuant to the instructions on [www.cftc.gov] or as otherwise directed by Commission staff. If submission attempts fail, the reporting trader shall contact the Commission at [techsupport@cftc.gov] for further technical support.

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Please be advised that pursuant to 5 CFR § 1320.5(b)(2)(i), you are not required to respond to this collection of information unless it displays a currently valid OMB control number.

**General Information – Cover Sheet.**

**Please indicate the type of account to be reported (choose only one):**

Special Account (please complete section 102A)	<input type="checkbox"/>
Volume Threshold Account 102 (please complete section 102B)	<input type="checkbox"/>
Consolidated Account 102S filing (please complete section 102S)	<input type="checkbox"/>

**Reporting Firm Contact Information:<sup>3</sup>**

Whether submitting Form 102 for a special account, volume threshold account, or as a 102S filing for a consolidated account, please provide the contact information of the reporting firm and, as applicable, indicate whether the reporting firm is a futures commission merchant, clearing member, foreign broker, and/or swap dealer. In addition, provide the reporting firm's reporting firm ID.<sup>4</sup>

Name of Reporting Firm:

Street Address:

City:

State:

Country:

Zip/Postal Code:

Reporting Firm Contact Name (a natural person, "Contact"):

Contact Job Title:

Contact Phone Number:

Contact Email Address:

Firm Website:

Firm NFA ID (if any):

Firm Legal Entity Identifier (if any):

Reporting Firm Type(s) (mark all that apply):

Futures commission merchant

Clearing member

Foreign broker

Swap dealer

Other: \_\_\_\_\_

Reporting Firm ID:

<sup>3</sup> The term "reporting firm" as used herein may refer to a futures commission merchant, clearing member, foreign broker, swap dealer, or other reporting entity, as appropriate.

<sup>4</sup> The "reporting firm ID" is an alpha-numeric identifier assigned by the Commission.

**Section 102A – Identifying and reporting a *special account*.**

1. *New/Modified Indicator:*

- Special account being reported for the first time
- Re-submitted or modified Information for a previously reported special account

2. *Special Account Origination.*

For each special account, indicate whether the account is being reported based on ownership of a reportable position, control of a reportable position, both ownership and control of a reportable position, or because it is an omnibus account with a reportable position (choose only one):

Ownership of a reportable position (complete questions 3, 4, 6, 9, 10, and 11)	<input type="checkbox"/>
Control of a reportable position (complete questions 3, 7, 9, 10, and 11)	<input type="checkbox"/>
Ownership and control of a reportable position (complete questions 3, 6, 7, 9, 10, and 11)	<input type="checkbox"/>
Omnibus account with a reportable position <sup>5</sup> (complete questions 3, 5, 8, 9, 10, and 11)	<input type="checkbox"/>

3. *Reporting number and name.*<sup>6</sup>

Provide the reporting number and name of the special account.

Special Account Number:  
Special Account Name:

4. *House or Customer Indicator.*

If the reported special account is being reported based on ownership of a reportable position, indicate whether the special account is a house or customer account of the reporting firm:

- HOUSE
- CUSTOMER

5. *Omnibus Account Information.*

<sup>5</sup> Omnibus accounts are accounts that one futures commission merchant, clearing member or foreign broker carries for another in which the transactions of multiple individual accounts are combined. The identities of the holders of the individual accounts are not generally known or disclosed to the carrying firm.

<sup>6</sup> Reporting firms shall assign a reporting number and name to each special account when it is reportable for the first time in futures or options. If an account has been assigned a number and name for reporting in futures (options), use the same number and name for reporting options (futures). Such reporting number and name must not be changed or assigned to any other special account without the prior approval of the Commission.

If the reported special account is an omnibus account, indicate whether the account is a house or customer omnibus account:<sup>7</sup>

- HOUSE
- CUSTOMER

6. *Special Account Owner(s) Contact Information.*

Provide the following information regarding the owner of this special account. Owners may be natural persons or any type of legal entity.

Indicate whether the owner is a legal entity or a natural person:

Legal entity:

Natural person:

Name of Special Account Owner:

Street Address:

City:

State:

Country:

Zip/Postal Code:

Phone Number:

Email Address:

Contact Name (if owner not a natural person):

Contact Job Title:

Contact Relationship to Owner:

Contact Phone Number:

Contact Email Address:

Owner Website (if any):

Owner NFA ID (if any):

Owner Legal Entity Identifier (if any):

7. *Special Account Controller(s) Contact Information.*

Provide the following information regarding the controller of this special account. Controllers may be natural persons or any type of legal entity.

Indicate whether the controller is a legal entity or a natural person:

Legal entity:

Natural person:

Name of Special Account Controller:

Street Address:

City:

State:

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<sup>7</sup> House omnibus accounts exclusively contain the proprietary accounts of the omnibus account originator. Customer omnibus accounts contain the accounts of customers of the omnibus account originator. It is the obligation of the omnibus account originator to correctly identify the omnibus account type to the reporting entity.

Country:  
Zip/Postal Code:  
Phone Number:  
Email Address:  
Contact Name (if controller not a natural person):  
    Contact Job Title:  
    Contact Relationship to Controller:  
    Contact Phone Number:  
    Contact Email Address:  
Controller Website (if any):  
Controller NFA ID (if any):  
Controller Legal Entity Identifier (if any):

8. *Omnibus Account Originator Contact Information.*

Provide contact information for the originator of the omnibus account in this special account.

Name of Omnibus Account Originator:  
Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Contact Name:  
    Contact Job Title:  
    Contact Relationship to Originator:  
    Contact Phone Number:  
    Contact Email Address:  
Originator Website (if any):  
Originator NFA ID (if any):  
Originator Legal Entity Identifier (if any):

9. *Identification of Trading Account(s) that Comprise the Special Account.*

For each special account reported by an entity acting as a *clearing member*, provide the trading account number(s), and any related short code(s), that comprise this special account. Also identify the reporting market at which each trading account number appears.

Trading Account Number:  
Short Code(s):  
Reporting Market:

10. *Market Access.*

For each trading account identified in question 9, indicate whether the trading account has been granted direct market access (“DMA”) to the trade matching system of the respective reporting market identified in question 9.

DMA Status:

YES

NO

*11. Trading Account Ownership and Control Information.*

*(i) Omnibus Account Information.*

For each trading account identified in question 9, is such account an omnibus account, or used to execute trades for an omnibus account?

YES

NO

If NO, proceed to (ii) and (iii), below. If YES, indicate whether the account is a house or customer omnibus account and provide contact information for the originator of the omnibus account:<sup>8</sup>

HOUSE

CUSTOMER

Name of Omnibus Account Originator:

Street Address:

City:

State:

Country:

Zip/Postal Code:

Phone Number:

Contact Name:

Contact Job Title:

Contact Relationship to Originator:

Contact Phone Number:

Contact Email Address:

Originator Website (if any):

Originator NFA ID (if any):

Originator Legal Entity Identifier (if any):

*(ii) Trading Account Owner(s).*

For each trading account identified in question 9 that is not an omnibus account, provide the requested information for each owner ("owner").

Indicate whether the owner is a legal entity or a natural person:

Legal entity:

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<sup>8</sup> As above, house omnibus accounts exclusively contain the proprietary accounts of the omnibus account originator. Customer omnibus accounts contain the accounts of customers of the omnibus account originator. It is the obligation of the omnibus account originator to correctly identify the omnibus account type to the reporting entity.

Natural person:   
Name of Trading Account Owner(s):  
Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Email Address (if owner(s) a natural person):  
Contact Name (provide only if owner is not a natural person):  
    Contact Job Title:  
    Contact Relationship to Owner:  
    Contact Phone Number:  
    Contact Email Address:  
Owner Website (if any):  
Owner NFA ID (if any):  
Owner Legal Entity Identifier (if any):

*(iii) Trading Account Controller(s).*

For each trading account identified in question 9 that is not an omnibus account, provide the requested information for each controller ("controller"). NOTE: As defined in §15.00, the controller identified for a trading account that comprises or pertains to a special account must be a natural person.

Name of Trading Account Controller(s):  
Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Name of Employer:  
Employer NFA ID (if any):  
Employer Legal Entity Identifier (if any):  
Job Title:  
Relationship to Owner:  
Email Address:  
Controller NFA ID (if any):

*12. For Reporting Firms That Are Foreign Brokers.*

If the reporting firm indicated that it is a foreign broker in the "Reporting Firm Contact Information" above, identify the reporting firm's U.S. futures commission merchant.

Name of U.S. futures commission merchant:  
Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Contact Name at U.S. futures commission merchant (a natural person, "Contact"):  
Contact Job Title:



Contact Phone Number:

Contact Email Address:

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**Section 102B – Identifying and reporting a *volume threshold account*.**

1. *New/Modified Indicator:*

- Volume threshold account being reported for the first time
- Re-submitted or modified Information for a previously reported volume threshold account

2. *Trading Account Data for the Volume Threshold Account.*

Provide the trading account number, and any related short code(s), deemed to be a volume threshold account. Also identify the reporting market at which the volume threshold account had reportable trading volume.

Trading Account Number:  
Short Code(s):  
Reporting Market:

3. *Market Access.*

Indicate whether the volume threshold account has been granted direct market access (“DMA”) to the trade matching system or trade execution platform of the respective reporting market identified above.

DMA Status:

- YES
- NO

4. *Associated Special Account Number.*

If the volume threshold account has been previously identified as a trading account that comprises a special account(s) reported by a clearing member in question 9 in section 102A of this form, provide the associated special account number(s).

5. *Omnibus Account Information.*<sup>9</sup>

Is the reported volume threshold account an omnibus account, or used to execute trades for an omnibus account?

- YES

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<sup>9</sup> As above, omnibus accounts are accounts that one futures commission merchant, clearing member or foreign broker carries for another in which the transactions of multiple individual accounts are combined. The identities of the holders of the individual accounts are not generally known or disclosed to the carrying firm.

NO

If NO, proceed to (6) and (7), below. If YES, indicate whether the account is a house or customer omnibus account and provide contact information for the originator of the omnibus account:<sup>10</sup>

HOUSE

CUSTOMER

Name of Omnibus Account Originator:

Street Address:

City:

State:

Country:

Zip/Postal Code:

Phone Number:

Contact Name:

Contact Job Title:

Contact Relationship to Originator:

Contact Phone Number:

Contact Email Address:

Originator Website (if any):

Originator NFA ID (if any):

Originator Legal Entity Identifier (if any):

6. *Volume Threshold Account Owner(s).*

For each volume threshold account that is not an omnibus account, provide the requested information for each owner ("owner").

Indicate whether the owner is a legal entity or a natural person:

Legal entity:

Natural person:

Name of Volume Threshold Account Owner(s):

Street Address:

City:

State:

Country:

Zip/Postal Code:

Phone Number:

Email Address (if owner(s) a natural person):

Contact Name (provide only if owner is not a natural person):

Contact Job Title:

Contact Relationship to Owner:

Contact Phone Number:

Contact Email Address:

Owner Website (if any):

Owner NFA ID (if any):

Owner Legal Entity Identifier (if any):

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<sup>10</sup> As above, house omnibus accounts exclusively contain the proprietary accounts of the omnibus account originator. Customer omnibus accounts contain the accounts of customers of the omnibus account originator. It is the obligation of the omnibus account originator to correctly identify the omnibus account type to the reporting entity.

7. *Volume Threshold Account Controller(s).*

For each volume threshold account identified that is not an omnibus account, provide the requested information for each volume threshold account controller (“controller”). NOTE: As defined in §15.00, a volume threshold account controller must be a natural person.

Name of Volume Threshold Account Controller(s):  
Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Name of Employer:  
Employer NFA ID (if any):  
Employer Legal Entity Identifier (if any):  
Job Title:  
Relationship to Owner:  
Email Address:  
Controller NFA ID (if any):

**Section 102S – Identifying and reporting a swap counterparty or customer *consolidated account* with a reportable position (102S filing).**

1. *New/Modified Indicator.*

- Counterparty or customer reported for the first time
- Re-submitted or modified Information for a previously reported counterparty or customer

2. *102S Identifier.* Please enter the identifier for the consolidated account reported herein. A 102S identifier is a unique identifier for each reporting entity or counterparty/customer as assigned by the reporting entity. If the reporting entity currently identifies a counterparty via Section 102A of a Form 102, the identifier used on Section 102A of the Form 102 may also be used for the 102S identifier, as long as the same legal entity is referenced.

102S identifier:

3. *Counterparty or Customer Ownership and Control Information.* Please provide the requested counterparty or customer contact information for both owners and controllers of the consolidated account.

(i) *Consolidated Account Type.* Please indicate the consolidated account type:

- HOUSE ACCOUNT
- CUSTOMER ACCOUNT

(ii) *Omnibus Account Information.*<sup>11</sup>

Is the reported consolidated account an omnibus account, or used to execute trades for an omnibus account?

- YES
- NO

If NO, proceed to (iii) and (iv), below. If YES, indicate whether the account is a house or customer omnibus account and provide contact information for the originator of the omnibus account:<sup>12</sup>

- HOUSE
- CUSTOMER

Name of Omnibus Account Originator:

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<sup>11</sup> As above, omnibus accounts are accounts that one futures commission merchant, clearing member or foreign broker carries for another in which the transactions of multiple individual accounts are combined. The identities of the holders of the individual accounts are not generally known or disclosed to the carrying firm.

<sup>12</sup> As above, house omnibus accounts exclusively contain the proprietary accounts of the omnibus account originator. Customer omnibus accounts contain the accounts of customers of the omnibus account originator. It is the obligation of the omnibus account originator to correctly identify the omnibus account type to the reporting entity.

Street Address:  
City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Contact Name:  
    Contact Job Title:  
    Contact Relationship to Originator:  
    Contact Phone Number:  
    Contact Email Address:  
Originator Website (if any):  
Originator NFA ID (if any):  
Originator Legal Entity Identifier (if any):

*(iii) Consolidated Account Owner(s).*

For each reportable consolidated account that is not an omnibus account, provide the requested information for each owner ("owner").

Indicate whether the owner is a legal entity or a natural person:

Legal entity:

Natural person:

Name of Consolidated Account Owner(s):

Street Address:

City:

State:

Country:

Zip/Postal Code:

Phone Number:

Email Address (if owner(s) a natural person):

Contact Name (provide only if owner is not a natural person):

    Contact Job Title:

    Contact Relationship to Owner:

    Contact Phone Number:

    Contact Email Address:

Owner Website (if any):

Owner NFA ID (if any):

Owner Legal Entity Identifier (if any):

*(iv) Consolidated Account Controller(s).*

For each reportable consolidated account that is not an omnibus account, provide the requested information for each controller ("controller"). Controllers may be natural persons or any type of legal entity.

Indicate whether the controller is a legal entity or a natural person:

Legal entity:

Natural person:

Name of Consolidated Account Controller(s):

Street Address:

City:  
State:  
Country:  
Zip/Postal Code:  
Phone Number:  
Email Address:  
Contact Name (provide only if controller is not a natural person):  
    Contact Job Title:  
    Contact Relationship to controller:  
    Contact Phone Number:  
    Contact Email Address:  
Controller NFA ID (if any):  
Controller Legal Entity Identifier (if any):

4. *Paired Swaps and Swaptions Market Activity*. Provide a brief description of the nature of the counterparty's or customer's paired swaps and swaptions market activity (please include a response for each type of paired swap or swaption market activity):

*Enter the description here:*

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**Signature/Authentication.**

1. *Please sign/authenticate the Form 102 prior to submitting.*

Signature/Electronic Authentication:

By checking this box and submitting this form (or by clicking “submit,” “send,” or any other analogous transmission command if transmitting electronically), I certify that I am duly authorized by the reporting firm identified below to provide the information and representations submitted on this Form 102, and that the information and representations are true and correct.

Reporting Firm Authorized Representative (Name and Position):

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Position)

Submitted on behalf of:

\_\_\_\_\_ (Reporting Firm Name)

Date of Submission:

\_\_\_\_\_