

COMMODITY FUTURES TRADING COMMISSION

FORM SEF

**SWAP EXECUTION FACILITY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

COVER SHEET

iSwap Euro B.V.

Exact name of Applicant as specified in charter

Vijzelstraat 68 unit 109, 1017 HL Amsterdam (Netherlands)

Address of principal executive offices

- If this is an **APPLICATION** for registration, complete in full and check here.
- If this is an **AMENDMENT** to an application, or to an existing order of registration, list all items that are amended and check here.

GENERAL INFORMATION

1. Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):

Not Applicable

2. If name of swap execution facility is being amended, state previous swap execution facility name:

Not Applicable

3. Contact information, including mailing address if different than address specified above:

Not Applicable

Number and Street

Not Applicable

City

State

Country

Zip Code

Telephone: +44 20 7000 5184 or mobile: +44 7775

Main Phone Number

Fax

<https://www.icap.com/what-we-do/our-mifid-ii-venues>

Kieron.Nolan@icap.com

Website URL

E-mail Address

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

Office

Amsterdam office

Address

Vijzelstraat 68 unit 109, 1017 HL Amsterdam (Netherlands)

5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following:

- a. Date of succession

Not Applicable

- b. Full name and address of predecessor registrant

Not Applicable

Name

Not Applicable

Number and Street

Not Applicable

City

State

Country

Zip Code

Not Applicable

Main Phone Number

Website URL

BUSINESS ORGANIZATION

6. Applicant is a:

- Corporation
 Partnership
 Limited Liability Company
 Other form of organization (specify) _____

7. Date of incorporation or formation: 16 August 2018

8. State of incorporation or jurisdiction of organization: Amsterdam (Netherlands)

9. The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Kieron Nolan, Chief Executive Officer

Print Name and Title

iSwap Euro B.V.

Name of Applicant

Vijzelstraat 68 unit 109

Number and Street

Amsterdam

Netherlands

1017 HL

City

State

Zip Code

SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 23rd day of October, 2019. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

iSwap Euro B.V.

Name of Applicant



Signature of Duly Authorized Person

Kieron Nolan, Chief Executive Officer

Print Name and Title of Signatory