



**FORM SEF**

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

**COVER SHEET**

**ICAP SEF (US) LLC**

Exact name of Applicant as specified in charter

1100 Plaza 5, Harborside Financial Center, Jersey City, NJ 07311

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):

N/A

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

N/A

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

N/A

Number and Street			
City	State	Country	Zip Code
212-341-9193			
Main Phone Number		212-815-7433	
		Fax	
www.icap.com/SEF		uslegal@us.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:

<u>Office</u>	<u>Address</u>
Principal Office	1100 Plaza 5, Harborside Financial Center, Jersey City, NJ 07311



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

a. Date of succession

N/A

b. Full name and address of predecessor registrant

N/A

Name

Number and Street

City

State

Country

Zip Code

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: August 7, 2013

8. State of incorporation or jurisdiction of organization: Delaware

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.

Greg Compa, Chief Compliance Officer

Print Name and Title

ICAP SEF (US) LLC

Name of Applicant

1100 Plaza 5, Harborside Financial Center

Number and Street

Jersey City

NJ

07311

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 30th day of August, 2013. 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.

ICAP SEF (US) LLC

Name of Applicant

Signature of Duly Authorized Person

Greg Compa, Chief Compliance Officer

Print Name and Title of Signatory