

COMMODITY FUTURES TRADING COMMISSION

FORM SDR

SWAP DATA REPOSITORY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION

DTCC Data Repository (U.S.) LLC

Exact name of Applicant as specified in charter
55 Water Street, New York, NY 10041-0099

Address of principal executive offices

- Checkboxes for registration types: APPLICATION, PROVISIONAL REGISTRATION, AMENDMENT, ANNUAL AMENDMENT. Includes text: 'Update to Board membership.'

GENERAL INFORMATION

1. Name under which business is/will be conducted... Same as above
2. If name of business is being amended, state previous business name: N/A
3. Contact information, including mailing address if different than address specified above: Same as above
Number and Street
City State Country Zip Code
Main Phone Number Fax
Website URL E-mail Address

4. List of principal office(s) and address(es) where swap data repositories activities are conducted

<u>Office</u>	<u>Address</u>
New York Office	55 Water Street, New York, NY 10041

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

a. Date of succession

b. Full name and address of predecessor registrant

Name			
Number and Street			
City	State	Country	Zip Code
Phone Number	Fax Number	E-mail Address	

6. Furnish a description of the function(s) that the Applicant performs or proposes to perform:
Swap Data Repository functions

Please indicate which asset class(es) the Applicant intends to serve:

- Interest Rate
- Equity
- Credit
- Foreign Exchange
- Commodity (Specify) All
- Other (Specify) _____

BUSINESS ORGANIZATION

7. Applicant is a:

- Corporation
- Partnership
- Limited Liability Company

Other (Specify) _____

8. Date of formation: October 24, 2011

9. Jurisdiction of organization: New York

List all other jurisdictions in which Applicant is qualified to do business (including non-US jurisdictions):

None

10. List all other regulatory licenses or registrations of Applicant (or exemptions from any licensing requirement) including with non-US regulators:

None

11. Fiscal Year End: December 31st

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

Paul Gottlieb, Counsel

Print Name and Title

55 Water Street

Number and Street

New York

NY

10041

City

State

Zip Code

(212) 855-3273

(212) 855-3215

pgottlieb@dtcc.com

Phone Number

Fax Number

E-mail Address

SIGNATURES

13. The Applicant had duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 10 day of January, 2014. 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 and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

DTCC Data Repository (U.S.) LLC

Name of Applicant

By: 

Manual Signature of Authorized Person

Marisol Collazo, Chief Executive Officer

Print Name and Title of Signatory)