

Form ID-NEWCIC Filer Information	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM ID UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR	OMB APPROVAL
Form ID-NEWCIC		OMB Number: 3235-0328 Expires: May 31, 2022 Estimated average burden hours per response: 0.15

Form ID: Application for EDGAR Access

Applicant Type	<input style="width: 100%;" type="text"/>
Indicate whether the applicant is a company or individual	<input type="checkbox"/> Company <input type="checkbox"/> Individual
Access codes will be used to submit draft registration or draft offering statement.	

Note: The values you enter below for "Last Name", "First Name", "Middle Name", and "Suffix" will be conformed to meet EDGAR standards. Do not use punctuation or titles in the name! [Click here for details.](#)

Last Name :	<input style="width: 100%;" type="text"/>
First Name :	<input style="width: 100%;" type="text"/>
Middle Name :	<input style="width: 100%;" type="text"/>
Suffix (e.g. "JR")	<input style="width: 100%;" type="text"/>
Conformed Name of Individual : <small>(This name will become your official company name upon Form ID acceptance)</small>	<input style="width: 100%;" type="text"/>
Mailing Street 1	<input style="width: 100%;" type="text"/>
Mailing Street 2	<input style="width: 100%;" type="text"/>
Mailing City	<input style="width: 100%;" type="text"/>
Mailing State/Country	<input style="width: 100%;" type="text"/>
Mailing Zip/Postal Code	<input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>

Form ID: Filer Information

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

"Doing Business As" Name :	<input style="width: 100%;" type="text"/>
Note: The Foreign Name is intended to be the name of your company in any language other than English.	
Foreign Name :	<input style="width: 100%;" type="text"/>

Business address same as mailing address. Business address is required if not the same.

Business Street 1

Business Street 2

Business City

Business State/Country

Business Zip/Postal Code

State of Incorporation

Fiscal Year End (MM/DD)

Form ID: Contact Information

Contact for EDGAR Information, Inquiries, and Access Codes

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name

Contact address same as Registrant General Information address. Contact address is required if not the same.

Contact Street 1

Contact Street 2

Contact City

Contact State/Country

Contact Zip/Postal Code

Contact Phone

Note: The E-mail address below is where your new CIK will be sent after form submission and review. It is very important that you enter it correctly. To help ensure accuracy, you must enter it twice.

E-mail Address

Re-enter E-mail Address

Contact for SEC Account Information and Billing Invoices

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name

Contact address same as Registrant General Information address. Contact

address is required if not the same.

Contact Street 1

Contact Street 2

Contact City

Contact State/Country

Contact Zip/Postal Code

Contact Phone

Form ID: Signature

Note: Only a duly authorized person - such as a partner, president, treasurer, corporate secretary, officer, or director - may sign this application on behalf of the applicant.

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section. If applicant is an individual, the applicant must sign the Form.

Signature

Date (MM/DD/YYYY)

Title/Position

Form ID: Notarized Authentication

Signature of Authorized Person

Printed Name of Signature

Title of Person Signing

Notary Signature & Seal to be Placed Here
