Polymarket US and Polymarket Clearing

Corporate Participant Application

About this Application

This corporate Participant application (the "Application") is for use by entities that intend to open a Participant account on PMUS (the "Applicant"). Any natural persons wishing to open an account should apply via the PMUS website at www.polymarketus.com and should not use this Application.

Unless otherwise indicated in this Application, the words "you" and "your" means the Applicant or the Responsible Agent completing this application on behalf of the Applicant. The words "we," "us," and "our" mean PMUS (7251 W. Palmetto Park Road, Suite 102, Boca Raton, Florida 33433) and our branches, subsidiaries, and affiliates. Terms that are used in this Application with initial capital letters but not defined have the respective definitions assigned to them in the Polymarket US and Polymarket Clearing Rulebooks.

Step 1: Getting Started

In order to complete this Application, you will need some or all of the following information:

- Personal information for Authorized user(s), Responsible Agent(s), and corporate principal(s) that have more than 10% ownership of the Applicant. The required information includes passport and/or social security/tax identification number for all of the above individuals.
- A corporate resolution from the Applicant, authorizing the establishment of the PMUS Participant
- Participant Agreement(s) executed by the Authorized User(s) and Responsible Agent(s).
- Completed PMUS Corporate Contact Form.

Step 2: Corporate Information

Please provide the following information about the Applicant.

Company Name			
Haadquartara' Addraga			
Headquarters' Address			
City	State	Country	Zip/Postal Code
Registered Address (if diffe	erent from headquarters' ac	ddress above)	
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Cit.	Ctata	Country	Zin/Dootal Codo
City	State	Country	Zip/Postal Code
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Tax ID/EIN			
Legal Entity Identifier (If av	vailable)		

Step 3: Corporate Principal Information

Provide the following information for all corporate principals that have more than 10% ownership of the Applicant. Attach additional sheets of this page if necessary.

Last Name, First Name			
Address			
Address			
City	State	Country	Zip/Postal Code
Phone	·		
Hono			
Email			
Date of Birth			
Passport country of issue			
Passport number			
SSN/Tax ID (For Natural Pe	rsons that are a US Resi	dent or US Citizen)	

Step 4: Responsible Agent Information

Pursuant to Polymarket US Rule 3.7 and Polymarket Clearing Rule 3.7, Each Participant that is an entity shall at all times have at least one employee or agent (each, a "Responsible Agent") designated as its administrator with respect to the use of the PMUS Direct System by the Authorized Users of such Participant. Please provide the following information on the Responsible Agent for the applicant. Attach additional sheets of this form if necessary.

Last Name, First Name			
Address			
Address			
City	State	Country	Zip/Postal Code
D:			
Phone			
Email			
Data of Digth			
Date of Birth			
Passport country of issue			
Decement number:			
Passport number:			
SSN/Tax ID (For Natural Pers	ons that are a US Resi	dent or US Citizen)	

Step 5: Authorized User Information

Last Name, First Name			
Address			
City	State	Country	Zip/Postal Code
Phone	•	•	
Email			
Date of Birth			
Passport country of issue			
Passport number:			
SSN/Tax ID (For Natural Pe	ersons that are a US Resi	dent or US Citizen)	
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Step 6: Attach Additional Required Information

In order to complete this Application, please attach the following additional information:

- A corporate resolution from the Applicant, authorizing the establishment of the PMUS Participant Account.
- Completed Background Questionnaire(s) for the Authorized User(s) and Responsible Agent(s).
- Participant Agreement(s) executed by the Authorized User(s) and Responsible Agent(s).
- Completed PMUS Corporate Contact Form.

Step 7: Sign and Date Application

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree notify us if the Applicant experiences a significant change at any time, such as a corporate name change, change in ownership through merger, acquisition, or other corporate combination, or change to any Responsible Agent, Authorized User, or other firm contact, including Compliance and IT contacts.

Print Name and Title of Responsible A	gent:
Signature of Responsible Agent:	
Date:	