

| Schedule B of FORM SBSE-A Page 1 | | Applicant Name: Citigroup Global Markets Limited Date: 04/06/2022 Applicant NFA No.: 0291281 | | Official Use | | Official Use Only | |
|---|--|--|--|--|--|--|--|
| Use this Schedule B to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information. | | | | | | | |
| This is an <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> AMENDED detail filing for the Form SBSE-A items checked below: | | | | | | | |
| Section I Other Business | | | | | | | |
| Item 11: Does applicant engage in any other non-securities, financial services industry-related business? | | | | | | | |
| UIC (if any), or other Unique Identification Number(s): | | | | Assigning Regulator(s)/Entity(s): Prudential Regulatory Authority | | | |
| Briefly describe any other financial services industry-related, non-securities business in which the applicant is engaged: | | | | | | | |
| Section II Record Maintenance Arrangements / Business Arrangements / Control Persons / Financings | | | | | | | |
| (Check one) <input checked="" type="checkbox"/> Item 13A <input type="checkbox"/> Item 13B <input type="checkbox"/> Item 14 <input type="checkbox"/> Item 15 | | | | | | | |
| Applicant must complete a separate Schedule B Page 1 for each affirmative response in this section including any multiple responses to any item. Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement, enter the effective date of the change. | | | | | | | |
| Firm or Organization Name KPMG LLP | | | | SEC File, CRD, NFA, IARD, UIC, and/or CIK Number (if any) | | | |
| Business Address (Street, City, State/Country, Zip + 4 Postal Code) 15 Canada Square, London, E14 5GL | | | | Effective Date MM DD YYYY 12 02 2013 | | Termination Date MM DD YYYY / / | |
| Individual Name N/A | | | | CRD, NFA, and/or IARD Number (if any) | | | |
| Business Address (if applicable) (Street, City, State/Country, Zip + 4 Postal Code) N/A | | | | Effective Date MM DD YYYY / / | | Termination Date MM DD YYYY / / | |
| Briefly describe the nature of the arrangement with respect to books or records (ITEM 13A); the nature of the execution, trading, custody, clearing or settlement arrangement (ITEM 13B); the nature of the control or agreement (ITEM 14); or the method and amount of financing (ITEM 15). Use reverse side of this sheet for additional comments if necessary. Relationship in respect of books or records - auditors | | | | | | | |
| For ITEM 14 ONLY - If the control person is an individual not presently registered through CRD or IARD, describe prior investment-related experience (e.g., for each prior position - employer, job title, and dates of service). | | | | | | | |
| Section III Successions | | | | | | | |
| Item 16: Is the applicant at the time of this filing succeeding to the business of a currently registered SBS Entity? | | | | | | | |
| Date of Succession MM DD YYYY / / | | | | Name of Predecessor | | | |
| SEC File, CRD, NFA, IARD, UIC, and/or CIK Number (if any) | | | | IRS Employer Number (if any) | | | |
| Briefly describe details of the succession including any assets or liabilities not assumed by the successor. Use reverse side of this sheet for additional comments if necessary. | | | | | | | |
| Section IV Principals Effecting or Involved in Effecting SBS Business | | | | | | | |
| Item 19: Does any principal not identified in Item 18 and Schedule A effect, or is any principal not identified in Item 15 and Schedule A involved in effecting security-based swaps on behalf of the applicant, or will such principals effect or be involved in effecting such business on the applicant's behalf? | | | | | | | |
| For each Principal identified in Section IV, complete Schedule D of the Form SBSE-A and the relevant DRP pages. | | | | | | | |
| 1. | | Name of Principal | | Type of Entity (Corp, Partnership, LLC, etc.) | | SEC File No., CRD, NFA, IARD, CIK Number, UIC (if any), and/or Tax Identification Number | |
| Business Address (Street, City, State/Country, Zip + 4/Postal Code) | | | | | | | |
| This entity <input type="checkbox"/> effects <input type="checkbox"/> is involved in effecting security based swaps on behalf of the applicant. (check only one) | | | | | | | |
| Briefly describe the details of the principal's activities relating to its effecting or involvement in effecting security-based swap transactions on behalf of the applicant: | | | | | | | |