



Ontario Energy Board
 Commission de l'Énergie de l'Ontario
**Application for Electricity
 Wholesaler Licence**

Ontario Energy Board
 2300 Yonge Street
 P.O. Box 2319
 Toronto, ON M4P 1E4
 Telephone: 1-888-632-6273
 Facsimile: (416) 440-7656

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For Office Use Only	
Application Number	EB- 2007-0612
Date Received	APR 20 07

A. General Information

1. Licensee Name

Name to Appear on Licence: MORGAN STANLEY CAPITAL GROUP INC.

2. Primary Contact for this Application

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name: HART	Full First Name: DEBORAH	Initial: L
Miss <input type="checkbox"/>	Ms. <input checked="" type="checkbox"/>	Position Held: VICE PRESIDENT		
Other: _____				

Contact Address (if R.R., give Lot, Concession No. and Township)

Street 2000 WESTCHESTER AVENUE

City PURCHASE	Province/State NY	Country US	Postal/Zip Code 10577
Phone Number 914-434-2537 914-385-1430	FAX Number 212-507-8834	E-mail Address Deborah.Hart@morganstanley.com	

3. Type of Application Process

New licence	<input type="checkbox"/>
Renewal	<input checked="" type="checkbox"/>
Additional information for an existing application	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>

Other (describe): <input type="checkbox"/>
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B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:			
Full Legal Name of Organization MORGAN STANLEY CAPITAL GROUP INC.	Ontario Corporation Number or Business Registration Number (from MCCR) 1509878	Date of Formation or Incorporation 7/30/97	
b) Business Address 2000 WESTCHESTER AVENUE			
City PURCHASE	Province/State NY	Country US	Postal/Zip Code 10577
Phone Number	FAX Number	E-mail Address (optional)	
c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township. 181 BAY STREET, SUITE 3700			
City TORONTO	Province/State ONTARIO	Country CANADA	Postal/Zip Code M5J 2T3
Phone Number	FAX Number	E-mail Address (optional)	

6. Licensing History

a) Does the Applicant have any affiliates that operate in Ontario? (The term "affiliate", with respect to a corporation, has the same meaning as in the <i>Business Corporations Act</i> , RSO 1990, Chapter B.16)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number.		
Please see Schedule A		
c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions? If yes, please list company name, jurisdiction, activities, and licence number.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Please see Schedule A		
d) Note the name and address of any known Federal, Provincial, or local government agency that may have any jurisdiction over the action to be taken in this application and a brief description of that authority. NATIONAL ENERGY BOARD		
e) Is the Applicant applying for any other licence from the OEB? Please specify.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>