

ACCESS POINT CONFIGURATION FORM
SUBSCRIBER CANCELLATION

Please fill out this form, sign it and fax it back to:

Customer Technical Support / CTS Operations: +33 1 49 27 50 85

GENERAL INFORMATION

COMPANY: _____

ADDRESS: _____

LAST NAME: _____ **FIRST NAME:** _____

POSITION: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

DIRECTIONS FOR USE:

- ⚡ **The requested configuration will be implemented on the Access Point specified below.**
- ⚡ Please send one form per access point.
- ⚡ Modifications are automatically effective on the primary & back up CAP/MAP.
- ⚡ Do not hesitate to get in touch with your usual CTS Operations contact.

Please describe the current configuration of the access point affected by the request:

CAP/MAP ID:	MEMBER CODE:
ENVIRONMENT: <input type="checkbox"/> LIVE	<input type="checkbox"/> TEST
BUSINESS: <input checked="" type="checkbox"/> TRADING	
PROTOCOL: <input type="checkbox"/> MMTP	<input type="checkbox"/> FIX
TYPE: <input type="checkbox"/> PRIMARY	<input type="checkbox"/> BACK UP
INTERFACE: <input type="checkbox"/> CAP	<input type="checkbox"/> MAP

SUBSCRIBER CANCELLATION

Request for the cancellation of the following subscriber(s)

(The modification will be made to Access Point specified in the 'General Information' section)

⌘ **REQUESTED CANCELLATION DATE** (Monday only): (yyyy-mm-dd)

⌘ **DETAILS OF THE REQUEST:**

Number of cancellation(s): 1 2 3 4 5

Please specify the subscribers' ID below:

Cancellation of the subscriber HUB/AMH

Cancellation of the subscriber HUB/AMH

Cancellation of the subscriber HUB/AMH

Cancellation of the subscriber HUB/AMH

Cancellation of all subscribers in order to convert the cap/map into:

A back-up cap/map

A data feed receptor only

⌘ **When cancelling a subscriber, a removal of the subscriber's order book must be carried out.**

⌘ This document will be used for updating your invoice.

⌘ To be effective on the following Monday, this request must be received the previous Monday the latest.

⌘ CTS Operations will inform you about the next steps by email.

Technical correspondent (if different from contact on General Information page)

Person to contact for questions concerning the setting up of the Access Point:

LAST NAME:

FIRST NAME:

PHONE:

FAX:

EMAIL:

DATE:

PLACE:

SIGNATURE:

COMPANY STAMP: