

CEASING FORM FOR THE CONNECTION TO THE NYSE EURONEXT PLATFORMS

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

Customer Connectivity and Configuration

For the United Kingdom: + 44 207 379 22 32

For other countries: + 33 1 49 27 50 85

1. GENERAL INFORMATION

COMPANY : _____

ADDRESS : _____

NAME : _____

POSITION : _____

TELEPHONE : _____

FAX : _____

EMAIL : _____

MEMBER

ISV / ASP

DATA VENDOR

PROVIDER

MEMBER CODE(S): _____

Intra-community number (for VAT purposes) : _____

Chamber of Commerce registration number : _____

PLACE: _____

DATE: _____

SIGNATURE:

COMPANY STAMP:

2. DESCRIPTION

PLEASE NOTE THAT THE RECEPTION OF THIS DOCUMENT WILL BE CONSIDERED AS AN OFFICIAL REQUEST TO CANCEL THE ELEMENTS SPECIFIED BELOW.

⌘ **DISCLAIMER:**

The ceasing operation will be carried out according to the terms and conditions of existing contracts signed with one of the following legal entities, including but not limited to: Bourse Connect SA; Atos Euronext Market Solutions SAS; Atos Euronext Connect BV or NV; AEMS SAS; NYSE Euronext Technology Connect SA/BV or NV; or NYSE Euronext Technology SAS. Please note that either NYSE Euronext Technology SAS or NYSE Euronext Technology Connect SA/BV or NV will invoice your company for the applicable Notice Period and, in the event of early termination, for the relevant penalties and any other cancellation fees.

⌘ **REQUESTED CANCELLATION DATE:** ____¹ (yyyy-mm-dd)

⌘ **SCHEDULE:**

Please indicate if the operation is to be conducted:

- during normal working hours (Monday to Friday – 08:30 to 17:30 local time);
- out of hours, Monday to Friday – 17:30 to 21:00 CET (NYSE Technologies will charge for any out-of-hours pick up);
- at the weekend (by NYSE Technologies network team, subject to quote)

¹ The Requested Cancellation Date is the desired date for the end of services. This date will determine, as far as possible, the start of the Notice Period. The Notice Period is the time between the Requested Cancellation Date (End of Services Date) as requested by the customer and the End of Invoicing Date. The Notice Period shall be invoiced on the basis of provisions in existing contracts. Special financial arrangements have been proposed for services continuing with the NYSE Technologies SFTI network. For further details, please contact your NYSE Technologies Account Manager.

⌘ **MAIN SITE:**

ADDRESS : _____

POSTCODE : _____ CITY : _____ COUNTRY : _____

BUILDING : _____ FLOOR : _____ ROOM : _____
 CABINET: _____ PORT : _____

PICK-UP EQUIPMENT ² LEAVE EQUIPMENT³

⌘ **BACK-UP SITE:**

ADDRESS : _____

POSTCODE : _____ CITY : _____ COUNTRY : _____

BUILDING : _____ FLOOR : _____ ROOM : _____
 CABINET: _____ PORT : _____

PICK-UP EQUIPMENT ² LEAVE EQUIPMENT ³

⌘ **TYPE OF CANCELLATION:**

GLOBAL CANCELLATION (all Euronext equipment currently installed on the above-mentioned site(s): MSA network, CAPI solutions, satellite dish, etc).

OR

PARTIAL AND PROGRESSIVE CANCELLATION - please specify below and in the next pages the specific equipment to be cancelled:

1. DATA FEED RECEPTION SOLUTION (satellite dish, demodulators and Ethernet hubs)

⌘ number of solution(s) (primary & back-up) to be cancelled on main site: _____

Please tick this box if the data reception solution **on the main site** no longer has CAP/MAP connected to it and you require the satellite dish and its associated equipment to be cancelled.

PICK-UP EQUIPMENT ² LEAVE EQUIPMENT ³

(NYSE Technologies will provide a quote before pick-up.)

⌘ number of solution(s) (primary & back-up) to be cancelled on back-up site: _____

Please tick this box if the data reception solution **on the back-up site** no longer has CAP/MAP connected to it and you require the satellite dish and its associated equipment to be cancelled.

PICK-UP EQUIPMENT ² LEAVE EQUIPMENT ³

² Pick-up Equipment: Equipment will be collected in one go from each site, after the cessation of all services for that site. NYSE Technologies will charge for any piece of equipment that has been lost, misplaced or damaged, or that has to be collected out of hours.

³ Leave Equipment: Transfer of Ownership Form

By ticking this box, the company described in this form ("**Company**") agrees that all risks and titles on all hardware described in Section 2 (Description) of this Ceasing Order Form are hereby transferred to the Company, free of charge and on a "as is" basis without any warranty of any kind as at the date of the termination of services (the "**Transfer**"). To the extent permitted by law, all express or implied warranties are hereby excluded and the Company agrees to hold NYSE Technologies and/or any affiliates of the NYSE Euronext Group harmless from any claims, liabilities or expenses arising out of or in connection with this hardware, and/or any services relating to this hardware under the terms of any previous contract, and/or this Transfer. The Company further certifies that all data stored in such hardware have been either destroyed or returned to NYSE Technologies at the same date. This Transfer is governed by French Law. The Commercial Courts of Paris shall have exclusive jurisdiction for all disputes arising out of or in connection with this Transfer.

2. MSA NETWORK SOLUTION (leased lines & channels, routers, switches):

⌘ number of infrastructure(s) (primary & back-up) to be cancelled on primary site: _____

⌘ number of infrastructure(s) (primary & back-up) to be cancelled on back-up site: _____

Please note that after receipt of the Ceasing Order for the final service on an MSA, NYSE Technologies will still require a ceasing request for the MSA itself. The MSA will continue until receipt of the ceasing request, and will be invoiced according to the applicable Notice Period.

MAIN SITE

1st primary MSA infrastructure installed on the main site specified above:

⌘ please specify the carrier's name for the primary circuit: _____

⌘ please specify the reference of the primary circuit: _____

1st back-up MSA infrastructure installed on the main site specified above:

⌘ please specify the carrier's name for the back-up circuit: _____

⌘ please specify the reference of the back-up circuit: _____

2nd primary MSA infrastructure installed on the main site specified above:

⌘ please specify the carrier's name for the primary circuit: _____

⌘ please specify the reference of the primary circuit: _____

2nd back-up MSA infrastructure installed on the main site specified above:

⌘ please specify the carrier's name for the back-up circuit: _____

⌘ please specify the reference of the back-up circuit: _____

BACK-UP SITE

1st primary MSA infrastructure installed on the back-up site specified above:

⌘ please specify the carrier's name for the primary circuit: _____

⌘ please specify the reference of the primary circuit: _____

1st back-up MSA infrastructure installed on the back-up site specified above:

⌘ please specify the carrier's name for the back-up circuit: _____

⌘ please specify the reference of the back-up circuit: _____

2nd primary MSA infrastructure installed on the back-up site specified above:

⌘ please specify the carrier's name for the primary circuit: _____

⌘ please specify the reference of the primary circuit: _____

2nd back-up MSA infrastructure installed on the back-up site specified above:

⌘ please specify the carrier's name for the back-up circuit: _____

⌘ please specify the reference of the back-up circuit: _____

3. ACCESS SOLUTION (CAP/MAP):

≡ number of access solution(s) (primary & back-up) to be cancelled on primary site: _____

≡ number of access solution(s) (primary & back-up) to be cancelled on back-up site: _____

1st access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

2nd access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

3rd access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

4th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

5th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

6th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

7th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

8th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

9th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

10th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

11th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

12th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

13th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

14th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

15th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

16th access solution description:
 ≡ reference: _____ (CAPxx-xxxx)
 ≡ Primary access* Back-up access*
 ≡ Live access Test access
 ≡ on main site on back up site

* for CAP/MAP only (please bear in mind that if you request the cancellation of a primary CAP, all the subscribers defined on this Access Point will be automatically deleted).

3. CONTACTS

Please specify an appropriate contact in your company for each aspect below:

≡ **PROJECT MANAGER**

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

LAST NAME : _____ FIRST NAME : _____
ADDRESS : _____
POSTCODE : _____ CITY: _____ COUNTRY : _____
TEL : _____
FAX : _____
EMAIL : _____

≡ **TECHNICAL CORRESPONDENT (ON SITE)**

Person to contact for questions concerning the installation of the Access Point:

LAST NAME : _____ FIRST NAME: _____
TEL : _____
FAX : _____
EMAIL : _____

≡ **INVOICING CORRESPONDENT**

Person to contact for questions concerning the quote:

LAST NAME : _____ FIRST NAME: _____
ADDRESS : _____
POSTCODE : _____ CITY: _____ COUNTRY: _____
TEL : _____
FAX : _____
EMAIL : _____