

**Euronext Cash Market
Multi-Market Broadband Access**

For assistance in completing this form, please contact your CTS representative.

Company _____
Address _____
Last name _____ First name _____
Position _____
Telephone _____ Fax _____
Email _____

Member Independent Software Vendor
Cash Member Code(s) _____

Intra-community number (for VAT purposes) _____

How to cease an 100MB Multi-Market Access

Fill out this order form, sign it and fax it back to:

Euronext Customer Technical Support\Operations division
- For the United Kingdom: fax + 44 (0)207 379 22 32
- For all other countries: fax + 33 (0)1 49 27 50 85

Should the access solution be cancelled during the initial contractual period*, a penalty quotation will be sent for signature. Otherwise, the resignation will be processed directly for the requested date*.

If your request includes the ceasing of cash service(s), you will be contacted as well to arrange the ceasing of the corresponding SLEs.

Euronext Customer Technical Support is available for any queries you may have in this matter at:

Tel: + 33 (0)1 49 27 50 80
Email: cts.operations@euronext.com

*** Terms and conditions**

The initial service contract runs for a period of 2 years and a 3-month notice is mandatory before effective resignation.

Schedule

Please indicate when the operation is to be conducted:

Requested date (yyyy-mm-dd): _____

- 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);
- at the weekend (please be aware that at weekends there is no support provided by CTS or network team)

Customer site

Address _____

Postcode _____ City _____ Country _____

Type of cancellation

Global: all Euronext 100Mb MMBA equipment currently installed on the above-mentioned site and the associated equipment installed in Euronext Data Centers (switches, routers, circuits, OPS).

OR

Partial: please indicate below the specific equipment to be cancelled:

Cash services to be cancelled			
1 st Cash service	OPS Id:	2 nd Cash service	OPS Id:

Network services to be cancelled			
1 st 100Mb circuit	Ref.:	2 nd 100Mb circuit	Ref.:
3 rd 100Mb circuit	Ref.:	4 th 100Mb circuit	Ref.:

Invoicing contact

(contact for questions concerning the invoicing)

Last name _____ First name _____

Address _____

Postcode _____ City _____ Country _____

Tel _____ Fax _____

Email _____

Technical project manager

(contact for questions concerning the ceasing)

Last name _____ First name _____

Tel _____ Fax _____

Email _____

Authorised signature

I, the undersigned, _____, as the person authorising this ceasing for _____ (legal name of Euronext member firm), hereby request the ceasing of the Multi-Market Broadband Access solution as it is above-mentioned.

Place
Signature

Date
Company stamp