LP-ITM

Please return to:
Quality of Derivative Markets, NYSE Liffe
Fax: +31 (0)20 550 5101, or
Email: qualityofmarkets@euronext.com

LIFFE CONNECT® Registration Form for Liquidity Provider ITM ("LP-ITM")[1]

(For those products in respect of which a Member holds a subscription)

Member Name		**Member Mnemonic**	
Market Place		**Effective Date**	

I confirm that I understand that the following ITM(s) previously registered and indicated as Market Maker on the RP form will be restricted to Liquidity Provider use only for those classes and levels indicated in respect of those products which the member is authorised under the relevant Liquidity Provider Scheme.

ITM	Addition or Replacement	Option Classes assigned to ITM	Capacity (Role)	Name of Responsible Person (RP)	Signature of RP

Authorised By MCA[2]
(print name): ……..…….

Signature & Date: ……..……..……. Fax number ……...……...

MCA Contact Number: ……. MCA Email address: …….

For Office Use Only

MCA Reference	Registered LDS wef	CKMF Issued (Equities only)	Confirmed by QoDM

[1] This form should also be used to update/amend an LP ITM/replacement LP details.
[2] Member's LIFFE CONNECT® Administrator ("MCA").