

TRADEGUARD REQUEST FORM

FOR MORE INFORMATION PLEASE VISIT OUR WEBPAGE.

PARTICIPANT/ORB		MDU		
FIRM NAME	MPID [SENDERCOMPID]			
CONTACT PERSON				
TEL. NUMBER		EMAIL ADDRESS		
	U	SER 1		
OWNER NAME				
TEL. NUMBER		EMAIL ADDRESS		
ENVIRONMENT	☐ TEST 1	☐ PRE-PRODUCTION		
ACCESS	☐ FULL ACCESS	☐ READ ONLY		
USER 2				
OWNER NAME				
TEL. NUMBER		EMAIL ADDRESS		
ENVIRONMENT	☐ TEST 1	☐ PRE-PRODUCTION		
ACCESS	☐ FULL ACCESS	☐ READ ONLY		
For additional users, please u	use appendix.			
SIGNATURE OF REQUESTOR		DATE		
NAME AND TITLE IN PRINT				
	1			
Please return this complete	d Form to:			
NFX Market Operations EMAIL: NFXOPS@NASDAQ.COM PHONE: +1 215 496 1571				

Only for NFX Market Operations record:

REVIEWED AND SET UP BY	DATE	
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APPENDIX

USER 3						
OWNER NAME						
TEL. NUMBER		EMAIL ADDRESS				
ENVIRONMENT	☐ TEST 1	☐ PRE-PRODUCTION				
ACCESS	☐ FULL ACCESS	☐ READ ONLY				
USER 4						
OWNER NAME						
TEL. NUMBER		EMAIL ADDRESS				
ENVIRONMENT	☐ TEST 1	☐ PRE-PRODUCTION				
ACCESS	☐ FULL ACCESS	☐ READ ONLY				
	USER 5					
OWNER NAME						
OWNER NAME TEL. NUMBER		EMAIL ADDRESS				
	☐ TEST 1	EMAIL ADDRESS PRE-PRODUCTION				
TEL. NUMBER	☐ TEST 1 ☐ FULL ACCESS					
TEL. NUMBER ENVIRONMENT		☐ PRE-PRODUCTION				
TEL. NUMBER ENVIRONMENT	☐ FULL ACCESS	☐ PRE-PRODUCTION				
TEL. NUMBER ENVIRONMENT	☐ FULL ACCESS	☐ PRE-PRODUCTION ☐ READ ONLY				
TEL. NUMBER ENVIRONMENT ACCESS	☐ FULL ACCESS	☐ PRE-PRODUCTION ☐ READ ONLY				
TEL. NUMBER ENVIRONMENT ACCESS OWNER NAME	☐ FULL ACCESS	PRE-PRODUCTION READ ONLY SER 6				