

NFX CAST REQUEST FORM

FOR MORE INFORMATION
PLEASE VISIT OUR WEBPAGE.

CLEARING FIRM NAME		MPID [SENDERCOMPID]	
CONTACT PERSON			
TEL. NUMBER		EMAIL ADDRESS	

USER 1			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> EXTERNAL TEST	<input type="checkbox"/> PRODUCTION	

USER 2			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> EXTERNAL TEST	<input type="checkbox"/> PRODUCTION	

SIGNATURE OF REQUESTOR		DATE	
NAME AND TITLE IN PRINT			

Please return this completed 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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