

# TRADEGUARD REQUEST FORM

FOR MORE INFORMATION  
PLEASE VISIT OUR WEBPAGE.

PARTICIPANT/ORB FIRM NAME		MPID [SENDERCOMPID]	
CONTACT PERSON			
TEL. NUMBER		EMAIL ADDRESS	

USER 1			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	

USER 2			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	

For additional users, please use appendix.

SIGNATURE OF REQUESTOR		DATE	
NAME AND TITLE IN PRINT			

Please return this completed Form to:

**NFX Market Operations**  
EMAIL: [NFXOPS@NASDAQ.COM](mailto: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	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	

USER 4			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	

USER 5			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	

USER 6			
OWNER NAME			
TEL. NUMBER		EMAIL ADDRESS	
ENVIRONMENT	<input type="checkbox"/> TEST 1	<input type="checkbox"/> PRE-PRODUCTION	
ACCESS	<input type="checkbox"/> FULL ACCESS	<input type="checkbox"/> READ ONLY	