

NFX Cast

Request Form

Please email the completed form to nfxops@nasdaq.com.

Clearing Firm Name (FCM)		MPID (SENDERCOMPID)	
Contact Person			
Tel. Number		Email Address	

Name In Print		Title In Print	
Signature Of Requestor		Date	

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	

Only For NFX Market Operations Record

REVIEWED AND SET UP BY			
Signature		Date	