



## QMTF SUBSCRIBER INFORMATION FORM

SUBSCRIBER	
FULL CORPORATE NAME:	
TYPE OF LEGAL ENTITY:	
COUNTRY AND JURISDICTION OF INCORPORATION OR REGISTRATION:	
REGISTRATION NUMBER OR EQUIVALENT:	SWIFT BIC:
REGISTERED ADDRESS:	
OFFICE ADDRESS (IF DIFFERENT):	
E-MAIL ADDRESS FOR OFFICIAL NOTICIES FROM QMTF:	WEBSITE ADDRESS:
MAIN OFFICE TELEPHONE:	MAIN OFFICE FAX:
REGULATORY / COMPLIANCE	
NAME OF REGULATOR:	COUNTRY:
REGULATORY WEBSITE LINK (SUBSCRIBER'S STATUS):	
EEA REGULATED MARKET MEMBERSHIP(S):	



BUSINESS CONTACT	TRADING CONTACT
NAME:	NAME:
TITLE:	TITLE:
E-MAIL:	E-MAIL:
PHONE1:	PHONE1:
PHONE2:	PHONE2:
MOBILE:	MOBILE:
FAX:	FAX:
TECHNICAL CONTACT	COMPLIANCE CONTACT
NAME:	NAME:
TITLE:	TITLE:
E-MAIL:	E-MAIL:
PHONE1:	PHONE1:
PHONE2:	PHONE2:
MOBILE:	MOBILE:
FAX:	FAX:



BILLING CONTACT		ADDITIONAL CONTACT	
NAME:		NAME:	
TITLE:		TITLE:	
E-MAIL:		E-MAIL:	
PHONE1:		PHONE1:	
PHONE2:		PHONE2:	
MOBILE:		MOBILE:	
FAX:		FAX:	
CONNECTIVITY			
EXTRANET <input type="checkbox"/>	SERVICE BUREAU <input type="checkbox"/>	PROXIMITY <input type="checkbox"/>	
NAME OF EXTRANET PROVIDER:	NAME OF SERVICE BUREAU:	PROXIMITY DETAILS:	



CLEARING AND SETTLEMENT		
SHOULD YOU USE DIFFERENT CLEARING MEMBERS BY MARKETS PLEASE IGNORE THIS SECTION AND FILL OUT APPENDIX 2.		
CCP:  EMCF <input type="checkbox"/> .....	SELF CLEARER:  Y / N	
DEFAULT CLEARING MEMBER:	DEFAULT CLEARING ID:	DEFAULT CLEARING BIC:
CONFIRMATIONS		
ALL INDIVIDUALS OF THE SUBSCRIBER WITH ACCESS TO QUOTE MTF PLATFORM ARE AWARE AND UNDERSTOOD THE QUOTE MTF SUBSCRIBER MANUAL AND ARE COMPETENT AND ADEQUATELY SUPERVISED. THE SUBSCRIBER HAS PROCEDURES IN PLACE TO DETECT AND PROHIBIT MARKET ABUSE AND DISORDERLY TRADING. I AGREE <input type="checkbox"/>		
AUTHORIZATION		
THIS INFORMATION IS PROVIDED BY THE SUBSCRIBER FOR THE PURPOSE OF ACCESSING QUOTE MTF. IT IS THE SOLE RESPONSIBILITY OF THE SUBSCRIBER TO PROMPTLY INFORM QUOTE MTF LTD. OF ANY CHANGES TO THE ABOVE INFORMATION. THE UNDERSIGNED IS (ARE) A SIGNING OFFICER(S) WITH AUTHORITY TO BIND THE SUBSCRIBER.		
NAME:	NAME:	
TITLE:	TITLE:	
SIGNATURE:	SIGNATURE:	
DATE:		



APPENDIX 1

<b>BANK ACCOUNT DETAILS FOR BILLING</b>	
THE INFORMATION IN THIS FORM IS BEING COLLECTED SO THAT WE CAN SEND NET REBATE PAYMENTS TO YOU ELECTRONICALLY.	
<b>EUR</b>	<b>GBP</b>
BANK NAME:	BANK NAME:
ACCOUNT NAME:	ACCOUNT NAME:
ACCOUNT NUMBER:	ACCOUNT NUMBER:
SORT CODE:	SORT CODE:
SWIFT CODE:	SWIFT CODE:
IBAN CODE:	IBAN CODE:
BANK ADDRESS:	BANK ADDRESS:
<b>CHF</b>	<b>DEK</b>
BANK NAME:	BANK NAME:
ACCOUNT NAME:	ACCOUNT NAME:
ACCOUNT NUMBER:	ACCOUNT NUMBER:
SORT CODE:	SORT CODE:
SWIFT CODE:	SWIFT CODE:
IBAN CODE:	IBAN CODE:
BANK ADDRESS:	BANK ADDRESS:



SEK	NOK
BANK NAME:	BANK NAME:
ACCOUNT NAME:	ACCOUNT NAME:
ACCOUNT NUMBER:	ACCOUNT NUMBER:
SORT CODE:	SORT CODE:
SWIFT CODE:	SWIFT CODE:
IBAN CODE:	IBAN CODE:
BANK ADDRESS:	BANK ADDRESS:



## APPENDIX 2

CLEARING PARTICIPANT BY MARKETS				
PRIMARY MARKET	NAME OF CCP	SELF CLEAR	NAME OF CLEARING MEMBER	BIC OF CLEARING MEMBER
AUSTRIA	EMCF	Y/N		
BELGIUM	EMCF	Y/N		
DENMARK	EMCF	Y/N		
FINLAND	EMCF	Y/N		
FRANCE	EMCF	Y/N		
GERMANY	EMCF	Y/N		
ITALY	EMCF	Y/N		
THE NETHERLANDS	EMCF	Y/N		
NORWAY	EMCF	Y/N		
PORTUGAL	EMCF	Y/N		
SPAIN	EMCF	Y/N		
SWEDEN	EMCF	Y/N		
SWITZERLAND	EMCF	Y/N		
UNITED KINGDOM	EMCF	Y/N		