



EDXC Clearing Member Firm — Clearing Portal User Access Request

Clearing Member Firm:

Full Name	Email Address	IP Address	Primary Location Country	User Privileges	
				Read/Write	Read-Only

I hereby certify that I am duly authorized to act on behalf of the above-named Clearing Member Firm, and that the information in this request is accurate; by submitting this request, I acknowledge that any changes made to the Firm's EDXC Clearing Portal User list based on this request shall be deemed valid for processing.

Authorized User:

Signature:

Print Name:

Date:

Email completed request form to edxclearingsupport@edxmarkets.com.

CONFIDENTIAL