**Client Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New/Amendment | Choose an item. | | | |
| Name |  | | | |
| Clearer Mnemonic |  | | | |
| Dealer Mnemonic | SD | | | |
| BIC Code |  | | | |
| Sponsoring Agent | *(choose item box removed)* | | | |
| Trade Sources | Tradeweb (TREU) |  | BrokerTec B2C (BTQG) |  |
| GLMX Europe Limited (GLMX) |  |  |  |
| Comments |  | | | |

**Gilt Market** – please complete if you wish to participate

|  |  |
| --- | --- |
| New/Amendment | Choose an item. |
| Crest Participant ID Code |  |
| Crest Member Account |  |
| Confirmation that Direct Input has been set up at Crest | Choose an item. |
| Comments |  |
| Is your sponsoring agent also your settlement custodian? | Choose an item. |
| If the answer to the above is Yes then a backup settlement custodian is required. Please provide details of backup settlement custodian below. | |
| Crest Participant ID Code |  |
| Crest Member Account |  |
| Confirmation that Direct Input has been set up at Crest | Choose an item. |
| Comments |  |

**TSGC Market** – please complete if you wish to participate

|  |  |
| --- | --- |
| New/Amendment | Choose an item. |
| Crest Participant ID Code |  |
| Crest Member Account |  |
| Confirmation that Direct Input has been set up at Crest | Choose an item. |
| Comments |  |
| Is your sponsoring agent also your settlement custodian? | Choose an item. |
| If the answer to the above is Yes then a backup settlement custodian is required. Please provide details of backup settlement custodian below. | |
| Crest Participant ID Code |  |
| Crest Member Account |  |
| Confirmation that Direct Input has been set up at Crest | Choose an item. |
| Comments |  |

**Third Party Custodian**

|  |  |
| --- | --- |
| Full name of custodian |  |
| Provide access to LCH reporting | Choose an item. |
| If Yes, confirm LCH portal directory |  |

**Operational Contacts** – please provide group email and phone number where possible, with escalation

|  |  |
| --- | --- |
| Group Email |  |
| Group Phone Number |  |
| Escalation Contact |  |

**Signed** – please print, scan, and return by email

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Name | Title | Date |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Name | Title | Date |
|  |  |  |  |