

OUCH Source IP Collection Form

Send the completed form to ms.inet@nasdaqomx.com

Contact Details				
Company Name:		Pai	rticipant ID (MPID):	
Contact Name:		Со	ntact Phone:	
Contact Email:				
Source IP Details				
Please specify below which so	ource IP subnets/addi sk format, e.g. "123.4	esses to add for your OUCH ord 5.6.7 / 26". Remember to include	er entry ports in the INET Nordic e IP:s for any <u>backup/secondary</u>	PRODUCTION environment. Provide locations to which you have failover
► NOTE on Sponsored Acc sources. Remember to collect	the accurate Source	the source IP for ports allocated IP information from your clients a	d for SA setups most likely will dit and include it below where applic	fer from the rest of a member's able.
OUCH Account ID: (Example: "XYZ001")				
Signature				
We hereby request source IP point in time following receipt of			acknowledge that NASDAQ OM	X can implement the validation at any
Authorized Signature:				
Name in Print:				
Date:				