



## Participant Drop Copy Service Request Form

Drop Copy Service means Customers' use of one-way sessions to receive all outbound order/quote (optional) acknowledgment and trade notification messages. No customization is available at the MX side for filtering messages on attributes of order and quote acknowledgments as well as trade notifications.

**Drop Copy Service is subject to the applicable fees set forth in MX List of Fees under section B. Markets - General Fees.**

MX SHALL NOT BE LIABLE TO ANY PERSON FOR ANY LOSSES, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, LOSS OF USE, AND DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM CUSTOMER'S USE OF THE DROP COPY SERVICE.

**Customers who wish to order Drop Copy Service must review this entire Schedule and provide all applicable information where requested. Any changes to this Schedule after execution by MX and the Participant must be completed on a new Schedule, to be executed by the MX and Participant.**

**Complete and return the signed form by scan or FAX to:**

MX Connectivity Account Management Team  
800 Square Victoria  
Montréal, Quebec  
H4Z 1A9  
Canada

Email : [mxconnect@m-x.ca](mailto:mxconnect@m-x.ca) & [samsupport@m-x.ca](mailto:samsupport@m-x.ca)

Fax: 514 871-3570

**SECTION 1 - Montréal Exchange Participant**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

**SECTION 2 - Internal Information Related Drop Copy Request**A.  ADD Drop Copy GroupB.  DELETE Drop Copy Group

C. Drop Copy Group Name: \_\_\_\_\_

D. Certified Software Name: \_\_\_\_\_

E.  Check here if the DROP Copy Service is managed by a 3<sup>rd</sup> Party3<sup>rd</sup> Party Provider Name: \_\_\_\_\_*Note: If the 3<sup>rd</sup> Party box is checked, a Participant's Authorized Officer signature is required on page 3.*F.  Check here if the DROP Copy Service is managed by the Participant's Clearing Member

Clearing Member Provider Name: \_\_\_\_\_

*Note: If the Clearing Member box is checked, a Participant's Authorized Officer signature is required on page 3.***SECTION 3 - Montréal Exchange Participant Contact Information**

Company Name : \_\_\_\_\_

Title: \_\_\_\_\_

First Name : \_\_\_\_\_

Email: \_\_\_\_\_

Last Name : \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

**SECTION 4 - Third Party Contact Information (if applicable)**

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Title: \_\_\_\_\_

Pro/State: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION 5 - Clearing Member Contact Information (if applicable)**

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Title: \_\_\_\_\_

Pro/State: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION 6 - Technical Help Desk: Production Drop Copy USER ID and PASSWORD**

**MX Participant ID:** \_\_\_\_\_

1. <input type="checkbox"/> Drop Copy Service for Orders	IP Address: 198.235.29.87	Port: 28122
Drop Copy Order USER ID : <b>0XXXxxDO</b> (Assigned by MX)	PASSWORD: <b>XXXXXXXX</b>	Call THD to obtain the Password Tel: 514 871-7872
2. <input type="checkbox"/> Drop Copy Service for Orders/Quotes	IP Address: 198.235.29.87	Port: 28123
Drop Copy Order and Quote USER ID: <b>0XXXxxDA</b> (Assigned by MX)	PASSWORD: <b>XXXXXXXX</b>	Call THD to obtain the Password Tel: 514 871-7872

*The undersigned applicant will take all necessary precautionary measures to ensure the security and confidentiality of the USER ID and PASSWORD provided by the MX which will access the Drop Copy Service.*

*The undersigned applicant does hereby depose and state that they have read and understand the questions in this form as well as the answers made by them thereto, and the statements of facts made therein are true.*

<b>Date In:</b>	(Location)	<b>On the:</b>	(Date)	<b>Day of:</b>	(Month)	<b>2012</b>
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<b>1) Signature of Applicant</b>	
<b>Name of Applicant (Please Print)</b>	
<b>2) Participant Signature of Authorized Officer</b>	
<b>Name of Officer (Please Print)</b>	
<b>3. Participant Signature of Authorized Officer</b>	
<b>Name of Officer (Please Print)</b>	

**Section 7 - 3rd Party Provider: MX Participant and 3rd Party Provider must complete this section if the Drop Service is managed by the 3rd Party Provider.**

*The undersigned MX Participant hereby appoints the 3rd Party Provider with which it has a valid agreement between the Participant and the 3<sup>rd</sup> Party Provider to receive the Participants outbound order/quote (optional) acknowledgment and trade notification messages from the Drop Copy Service.*

*The MX Participant agrees that the said 3rd Party Provider will be given a USER ID and Password to access the Participants Drop Copy messages. Responsibility arising from the use of the Drop Copy Service will be assumed by the Approved Participant and the 3rd Party Provider according to their agreement.*

<b>I. Montreal Exchange Participant</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	
<b>II. Montreal Exchange Participant</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	
<b>III. 3rd Party Provider</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	

**Section 8 - Clearing Member: MX Participant and Clearing Member must complete this section if the Drop Service is managed by the Clearing Member of the Canadian Derivatives Clearing Corporation.**

*The undersigned MX Participant hereby appoints the Clearing member of CDCC with which it has a valid Clearing Agreement registered with CDCC to as agent on its behalf to receive all of the Participants outbound order/quote (optional) acknowledgment and trade notification messages from the Drop Copy Service.*

*The MX Participant agrees that the said Clearing Member will be given a USER ID and Password to access the Participants Drop Copy messages. Responsibility arising from the use of the Drop Copy Service will be assumed by the Approved Participant and the Clearing Member according to their agreement.*

<b>IV. Montreal Exchange Participant</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	
<b>V. Montreal Exchange Participant</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	
<b>VI. CDCC Clearing Member</b>	
Signature of Authorized Officer	
Name (Please Print)	
Date	

*To access the MX Drop Copy Service Customers are required to submit the TMX Network Access Form. A TMX network administrator will need to permission the access within the customers' network. Contact the Technical Help Desk at [samsupport@m-x.ca](mailto:samsupport@m-x.ca) to obtain the form or go to the following link: [http://www.m-x.ca/connect\\_connexion\\_essais\\_en.php](http://www.m-x.ca/connect_connexion_essais_en.php)*

## Section 9 - Billing Contact Information & Fee

**Drop Copy Service Monthly Fee Charge - \$500.00 CDN**

Customer Billing Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Customer Billing Address: \_\_\_\_\_  
Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

## Section 10 - Bank & Account Information (customers being billed directly must complete this section). Note: A voided check from the account must be attached for verification purposes:

Name of Bank of Account: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Transit/ABA Number: \_\_\_\_\_ Account #: \_\_\_\_\_

## Section 11 - Banking Information : Please remit payment using these wire instruction:

### **Beneficiary Bank:**

Royal Bank of Canada  
20 King Street West  
Toronto, Ontario M5H 1C4  
Swift Code or Routing Transit #: ROYCCAT2

### **USD CURRENCY PAYMENTS**

#### **Beneficiary Customer**

Bourse de Montréal Inc.  
US Funds Account #: 4009809  
Transit Branch: 09591  
Institution Bank: 003

### **International Customers:**

*Please route via intermediary bank:*  
Intermediary Bank: JP Morgan Chase  
City: New York`  
Swift Code: CHASUS33

### **CAD CURRENCY PAYMENTS**

#### **Beneficiary Customer**

Bourse de Montréal Inc.  
CAD Funds Account #: 1040302  
Transit Branch: 09591  
Institution Bank: 003

**For sections 9 and 10, All payments, please include customer ID & invoice number**

**For payment inquiries you can contact;**

- **Finance Tel.: 514 871-7895**
- [finances@mx.ca](mailto:finances@mx.ca)