

## LMEsource V4 Access Form - Market Data Client

This form should be completed, executed and returned on behalf of the Client. Any discrepancies or errors in this form may result in the form being returned for correction and a delay in processing the form.

Client Name: \_\_\_\_\_

Sponsoring Member Firm Name: \_\_\_\_\_

### Multicast Access Requirements:

Member / Client Platform Name	Connectivity Method* (Own Cross-Connect / LMEnet line or Connectivity Provider)

\*Please specify Connectivity Provider name if accessing LMEsource feed via them

Multicast Product	Access Required (Yes / No)
Core 1(C1) - Level 1: Top Of Book	
Core 2(C2) - Level 2: Aggregate Depth	
Core 3(C3) - Level 3: Order by Order	
Growth 1(G1) - Level 1: Top Of Book	
Growth 2(G2) - Level 2: Aggregate Depth	
Growth 3(G3) - Level 3: Order by Order	
LBMA 1 (L1)	
Algo Test (A1)	



**RTS User Account Access:**

Full Name	Email Address	Location (City and Country)	Contact Number

**Source IP**  
*The Client IP address is required for validation of connection to the RTS server*

Emergency Contact Distribution Email\*\* : \_\_\_\_\_

\*\*This should be a single distribution list managed by the member/client

**By executing this form, the market data client agrees that: (i) the legal entity which employs the users set out in this form have all the necessary regulatory licences and approvals required to access and use LMEsource; (ii) it shall, and shall procure that any affiliate legal entity that is a part of a market data client's group, shall at all times comply with the terms and conditions of the Software Access Agreement with respect to such legal entity's access to LMEsource; (iii) all personnel retained by the market data client have all the regulatory approvals necessary, in all relevant jurisdictions to access LMEsource; (iv) all personnel retained by the market data client or any of its affiliate legal entity shall ensure that they use LMEsource in accordance with any applicable laws and/or regulations.**

Signed: \_\_\_\_\_

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

Job Title of Signatory: \_\_\_\_\_

Email Address of Signatory: \_\_\_\_\_

Tel No: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the signed and completed form to: [tradingoperations@lme.com](mailto:tradingoperations@lme.com)