

## LMEsource Access Form - Members

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

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

Member Mnemonic: \_\_\_\_\_

Name of legal entity which employs user(s): \_\_\_\_\_  
*(Please complete a separate form for each legal entity)*

Jurisdiction of legal entity/entities which employs user(s): \_\_\_\_\_

### Multicast Access Requirements:

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

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

### RTS Account Access Required:

User's Full Name (First Name and Surname)	User's Email Address	User's Location (City and Country)	User's Contact Telephone

**Source IP - The Member/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 Member 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 Member's group, shall at all times comply with the LME Rules and Regulations and the terms and conditions of the Exchange Membership Agreement (each as amended from time to time) with respect to such legal entity's access to LMEsource; (iii) all personnel retained by the Member have all the regulatory approvals necessary, in all relevant jurisdictions to access LMEsource; (iv) all personnel retained by the Member 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)