

Order form using XONTRO real time contract notes via system connect (SAKI)



BrainTrade GmbH

Börsenplatz 4 | 60313 Frankfurt am Main / Germany

Fax: +49-69-211-608052 | Phone: +49-69-589978-110 | Mail: trade@xontro.de

Please **setup** the application option for the transfer of contract notes in real time, via the system connection for banks, for our CBF Account Number(s) listed below.

Please **delete** the application option for the transfer of contract notes in real time, via the system connection for banks, for our CBF Account Number(s) listed below.

Our system connection "Main Branch" CBF Account Number ("delivery address"):

CBF Account Number(s) for which the real time contract notes transfer is to be setup/deleted:
(Please include the "Main Branch" CBF Account Number again, if transfer is desired for this account, too!)

CBF Account Number(s)

The following external subsidiary-branches as listed below have been assigned to the FIX main branch as stated above:

CBF Account Number of

External subsidiary-branch(es)*

*A SAKI-FIX subsidiary-branch is labelled an external subsidiary-branch if they do not coincide with the legal person of the connection owner.

Starting date of real time contract notes transfer setup/deletion desired:

New requests are usually activated on Mondays; please consider setup time of approx. one week.

Please fill in the data required below and please sign the sheet in the case of a setup:
 We are aware of the fact that, along with the real time contract notes transfer setup, there will be a fee of 0.05 EUR per contract note when placed by an intermediary and 0.03 EUR when banks only OTC transferred in real time. We accept these conditions, and we kindly ask you to send the bills to the following address:

Institute		Partner institute	
Company name	<input type="text"/>	Company name	<input type="text"/>
Street address	<input type="text"/>	Street address	<input type="text"/>
Zip code / City	<input type="text"/>	Zip code / City	<input type="text"/>
Contract person	<input type="text"/>	Contact person	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>

Institute is invoice recipient Partner institute is invoice recipient

Signature _____
 City Date

Signature _____
 City Date