PMUS Corporate Contact Form

Partici	pant	Name:
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NAME & TITLE	CONTACT TYPE	ALERT	LOCATION	HOURS OF	EMAIL ADDRESS	TELEPHONE #
		(Y OR	(City, Country)			
		N)		(U.S. EASTERN TIME)		
	Responsible Agent	Υ		At All Times		
	Authorized User					
	Authorized User					
	Authorized User					
	Compliance					
	(Optional)					
	Business					
	(Optional)					
	Operations					
	(Optional)					
	Technology					
	(Optional)					

Any Participant that has been issued a PMUS API User ID must provide contact information for at least one Responsible Agent. This individual will be contacted by the PMUS Control Desk by email for all market-related events that require the Participant to take action.

If more than one individual is named above, then PMUS may use its reasonable judgment to contact the specific individuals separately.

Only the Responsible Agent listed above is authorized to act on behalf of the Participant, except that Authorized Traders will be permitted to enter orders for the Participant.

Only the Responsible Agent listed above will be permitted to provide revisions to this form.

I hereby certify that, to the best of my knowledge, the provided inform	ation is true and accurate.
Print Name and Title of Responsible Agent:	
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Signature of Responsible Agent:	
Date:	