

Notification of delivery/ non delivery of an open short position

Defaulting Member			
Identification			
Name (Registered and commercial if different)	<input type="text"/>		
Address (Street number and Name)	<input type="text"/>		
(Postcode)	<input type="text"/>	(City)	<input type="text"/>
		(Country)	<input type="text"/>
<input type="checkbox"/>	Clearing Member Firm with CMF I.D	<input type="text"/>	
<input type="checkbox"/>	Agent for the Clearing Member Firm	<input type="text"/>	
	With CMF I.D	<input type="text"/>	
(*) Please tick box and fill out the account number as appropriate			
Authorized signature			
Name (1)	<input type="text"/>	Name (2)	<input type="text"/>
Function	<input type="text"/>	Function	<input type="text"/>
Tel.	<input type="text"/>	Tel.	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
<input type="text"/>		Date	<input type="text"/>
		Company stamp and authorized signature (both mandatory)	

