

Termination of Authorization
from NASDAQ OMX Derivatives Markets

Member Firm:

Name of Authorized person:

Date of birth:

The authorization shall be terminated from (date):

.....
Date

.....
Signature (Head of Trading/Head of Back Office/Compliance)

.....
Name in print

Contact person for the termination:

Contact person's e-mail:.....

Valid from: (Filled in by NASDAQ OMX Derivatives Markets)

Please submit this form to, NASDAQ OMX Derivatives Markets via fax on +46-8-723 10 91

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