

# Clearing Participant Test Form

This form can be used by a Clearing Participant in case testing is required.  
Please make sure that the relevant details are also communicated to the trading venue.

Name Clearing Participant:	<input type="text"/>	Clearing Participant BIC	<input type="text"/>
Name Trading Participant	<input type="text"/>	Trading Participant BIC	<input type="text"/>

Please indicate on which trading venues you wish to test.

<input type="checkbox"/> Aquis Exchange	<input type="checkbox"/> Euronext Dublin	<input type="checkbox"/> NASDAQ OMX Finland	<input type="checkbox"/> Swiss Exchange
<input type="checkbox"/> Cboe Europe	<input type="checkbox"/> Equiduct	<input type="checkbox"/> NASDAQ OMX Sweden	<input type="checkbox"/> Turquoise
<input type="checkbox"/> Euronext London	<input type="checkbox"/> London Stock Exchange	<input type="checkbox"/> Oslo Bors	<input type="checkbox"/> UBS MTF
<input type="checkbox"/> Euronext	<input type="checkbox"/> NASDAQ OMX Denmark	<input type="checkbox"/> Sigma X MTF	

Please indicate on which market segments you wish to test.

<input type="checkbox"/> AUSTRIA	<input type="checkbox"/> FRANCE	<input type="checkbox"/> IRELAND	<input type="checkbox"/> PORTUGAL	<input type="checkbox"/> UNITED KINGDOM
<input type="checkbox"/> BELGIUM	<input type="checkbox"/> GERMANY	<input type="checkbox"/> LUXEMBOURG	<input type="checkbox"/> SPAIN	
<input type="checkbox"/> CZECH REPUBLIC	<input type="checkbox"/> HUNGARY	<input type="checkbox"/> NETHERLANDS	<input type="checkbox"/> SWEDEN	
<input type="checkbox"/> DENMARK	<input type="checkbox"/> IDR's	<input type="checkbox"/> NORWAY	<input type="checkbox"/> SWITZERLAND	
<input type="checkbox"/> FINLAND	<input type="checkbox"/> ITALY	<input type="checkbox"/> POLAND	<input type="checkbox"/> TURKEY	

Please indicate your preferred set-up for "House" and "Client" trades.

Client & House should be separated.       Client & House trades should be netted.

Please indicate below your expected test period.

From  To

Please indicate below how you want us to net your Trading Participant executions.

Netting across Trading Venues       YES       NO

Netting all Trading Participants in one account.       YES       NO

X-Cross platform Netting UK & IE TSO code "9"       YES       NO

Net UK&IE executions from CXE and BXE order books?       YES       NO

Directional netting. (Buy and Sell separately)       YES       NO

Full netting       YES       NO

Principal / Agency Separate       YES       NO

Market Segment(s) for P / A

Please indicate below your preferred set-up in regards to the processing of strange nets. For further explanation we also refer to chapter 3.1 of the Regulation Settlements.

Safekeeping ID	Resolve strange net with free of payment and with or without separate cash payment.	Resolve strange net with no stock movement but only cash payment.
AT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DK	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EB <small>(IDR)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FI	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FR	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
GB	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LU	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TK	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please indicate below if you wish to receive daily test output (CIF files, raw data files) via email and/or FTP.

test files via FTP	test files via email
FTP address <input type="text"/>  Email <input type="text"/>	Email <input type="text"/>

Please complete the below list with people who can be contacted during the test period.

Name:

Direct telephone no.

Email address:

Name:

Direct telephone no.

Email address:

Name:

Direct telephone no.

Email address:

Once completed, please return this form to: [clienttesting@euroccp.com](mailto:clienttesting@euroccp.com).