Order form File Transfer/MQ 53 Sender authorisation CASCADE / CASCADE-RS instructions



Please send the completed form to:			Client (account holder)	
connect@clearstream.com Tel.: +49-(0)69-211-11590			Company name Functional contact person (first name and surname)	
			Email	
			Technical contact person (first nam	ne and surname)
			Telephone	
Client's CEU account number	If applicable, client's additional C	EU account numl	Email pers	
Technical sender's	CASCADE:		CASCADE-RS:	
CEU account number	T2S Party BIC		Active and connected BIC111	
We would like to send instruct	tions for the following services	via File Transfe	er or MQ as indicated:	1
CASCADE	CASCADE-RS			
Note:				
If you would like to get additio 44A/44B.	nal information for CASCASE /	CASCADE-RS v	<i>i</i> ia File Transfer, please comple	te order form
Connectivity tool used				
Connect: Direct	NJE	☐ Webz0S	□MQ	
1. A BIC11 active and available in		_		

Date