## Order form



## File Transfer/MQ/SWIFT 45 Statement of settl. Allegement (MT586)

Fax: +49-(0)69-211-611590					
Email: connect@clearstream	.com		Company nam	e	
			Functional cor	ntact person (first name and surname)	
			Telephone	Fax	
			Email		
			Technical conf	tact person (first name and surname)	
			Telephone	Fax	
Customer's CBF account no.	Customer's additi	al CBF account numbers	Email		
Technical receiver's CBF account no.		SWIFT			
Complete Report					
Possible query times for a comp	lete report. Please	te that only one query time	e can be chosen.		
05:00 (J%64LC7%)	☐ 06:00 (J%64MC	(a) □ 07:30 (J%)	340C7%)	☐ 08:00 (J%641C7%)	
☐ 09:00 (J%645C7%)	☐ 10:30 (J%642C	) 11:15 (J%&	546C7%)	☐ 12:00 (J%64EC7%)	
12:45 (J%64NC7%)	☐ 13:30 (J%648C	] 15:30 (J% <i>6</i>	64PC7%)	☐ 16:00 (J%649C7%)	
17:00 (J%64FC7%)	00 (J%64FC7%)		644C7%)	23:00 (J%647C7%)	
Delta Report					
Please note that delta reports a	re delivered at evei	query times mentioned abo	ove.		
Delivery of Delta Reporting		☐ No Deliver	☐ No Delivery of Delta Reporting		
Connectivity tool used					
Connect: Direct	□NJE	☐ Hob FT		□MQ	
SWIFT					
Address of the technical receive	er				
Empty file information request	Yes	∏No			