

# Order form File Transfer 52A KVCB – CASCADE-RS

Tel.: +49-(0)69-211-11590  
Fax: +49-(0)69-211-611590  
Email: [connect@clearstream.com](mailto:connect@clearstream.com)

## Client (account holder)

Company name

Functional contact person (first name and surname)

Telephone

Fax

Email

Technical contact person (first name and surname)

Telephone

Fax

Email

Client's CEU account no.

Client's additional CEU account numbers

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Technical receiver's CEU account no.

**Request for RS Queries (MT571 proprietary format).**

(internal J%26A390)

## Connectivity tool used

☐ Connect: Direct

☐ NJE

☐ Hob FT

**Address of the technical receiver:**

Date

52A/09.2025

Two signatures of the client and names in printed characters