

**TERMINATION OF EXCHANGE TRADER AUTHORIZATION****Member Firm:** .....**Name of the Exchange Trader:** .....**Date of birth:** .....**The authorization shall be terminated from (date):** .....**The termination shall apply either to trading on:**☐ All markets Trader has been authorized by Member Firm to trade on**or to trading on following markets:**☐ Equity market☐ Fixed income market☐ Derivatives market**in following Exchanges:**☐ NASDAQ OMX Copenhagen☐ NASDAQ OMX Tallinn☐ Oslo Børs☐ NASDAQ OMX Iceland☐ NASDAQ OMX Riga☐ NASDAQ OMX Helsinki☐ NASDAQ OMX Vilnius☐ NASDAQ OMX Stockholm.....  
Date.....  
Authorized Signature.....  
Name in print**Contact person for the de-registration** .....**Contact person's E-mail** .....**Please submit this form to Member Services via fax on + 372 640 8814 or by e-mail to [memberservices@nasdaqomx.com](mailto:memberservices@nasdaqomx.com)**

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