Global OTC Gateway Session Request Form

Global OTC Session Request Form
All firm connections are subject to and governed by applicable SEC rules and regulations, the rules of FINRA and any applicable exchange, the Global OTC Connection Agreement and OTC Equity Securities Agreement ("Global OTC Subscriber Agreement"), as relevant, and the associated fees. **(https://www.globalotc.com/brokers/trading-fees)** **For Test Session requests, please send competed session form to Firm Testing at tms@globalotc.com** **For Production session requests, completed session forms should be returned to Connectivity at connectivity@globalotc.com** **For questions regarding this form, please contact Connectivity at (212) 896-2830, Option 2.**

Requestor Contact Information (All fields are required)	
Company Name:	
CRD #:	
First/Last Name:	
Email Address:	
Phone:	

Session Detail (Please select only one option from the drop down lists below and specify number of Sessions)			
Environment:	Choose Environment		
Request Type:	Choose Request Type		
Market:	Choose Market		
Session Type:	Member	# of Sessions:	
Protocol:	Choose Protocol		
Order Entry SenderComp IDs (If cloning, modifying or removing.):			
MPID			

Drop Copy Settings *(Required)*	
- *Leave blank if protocol is order entry.* - *Check only the settings that are changing if this is a modification.*	
Drop Copy Request Type (Choose One):	Choose Request Type
Drop Copy SenderCompIDs (If modifying or removing.):	
Drop Copy Type (Choose One):	Choose Drop Copy Type
Filter By :	Choose Drop Copy Filter
Based on the above selection, list all items to filter for below. *(e.g. – If you selected "Mnemonics", list the Mnemonics that should be reported. If you selected "SenderCompID", list the sessions you wish to drop to the drop copy session)*	
Message Type:	Choose Message Preference

Source IP Permission and Peering Information *(Required)*		
Network Provider	**Please list all Source IP Address Ranges you will use to connect to gateways** *Format:* *xxx.xxx.xxx.xxx /XX*	**Please list the Peering IPs for the *IP ranges listed to the left*** *Format:* *xxx.xxx.xxx.xxx*
Choose Network Provider		
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Choose Network Provider		

Approver Information (All fields are required)	
Company Name:	
CRD #:	
First/Last Name:	
Title:	
Email Address:	
Phone:	
Date:	
By (Signature):	