OMEGA ATS

Vendor Information

Contact Information

Vendor Name:	
Address:	

City:	Province:	Postal Code:

Business Contact	Technical Contact
Name:	Name:
Email:	Email:

Phone:	Fax:	Phone:	Fax:

Port Selection

Port Type: ☐ FIX 4.2　　☐ ITCH　　☐ SOUP　　☐ Compressed SOUP

Number
of Ports: _____　_____　_____　_____

Connectivity

Please select your connection provider:

☐ Radianz　　☐ Savvis　　☐ TNS　　☐ VPN

☐ Other:_____

What type of connection(s) are you requesting?　　☐ Test　　☐ Production

Use of Omega ATS Test Environment
Vendor agrees to comply with Omega ATS's rules for responsible use of its test environment.

Authorization

This information is provided by Vendor for the purpose of accessing the Omega Alternative Trading System. It is the sole responsibility of the Vendor to promptly inform the marketplace operator, Omega Securities Inc., of any changes to this information.

Vendor:	
Print Name/ Title	

Signature:	Date: