



Subscriber Trading Waiver Migration Request

Date: _____

New Distributor Information:

Distributor Name: _____

Distributor Contact Name: _____

CME Distributor Account Number: _____

New Subscriber Reporting ID: _____

First Effective Inventory Month for Reporting: _____

Exchange Data & Number of units per Exchange:

CME #____ CBOT #____ COMEX #____ NYMEX #____ DME #____

Previous Distributor Information:

Distributor Name: _____

Last Effective Inventory Month for Reporting: _____

Previous Subscriber ID with Software/Data Provider: _____

Exchange Data & Number of units per Exchange:

CME #____ CBOT #____ COMEX #____ NYMEX #____ DME #____

Subscriber Information:

Firm Name: _____

Firm Address: _____

Firm Country: _____

Subscriber Name: _____

Please submit this form to:

CME Americas Market Data Team at marketdata@cmegroup.com
CME EMEA Market Data Team at marketdataEMEA@cmegroup.com