

Validation Checklist for Cancellation of Point to Point Leased Line Connection

Sr. No.	Particulars	Submitted (Yes/No)
1	Request letter in the prescribed format of the Exchange duly signed and stamped by the authorized signatory of the entity	
2	Circuit Number and IP address of the Point to Point Leased Line mentioned	
3	Whether member has provided the User ids	

Note:-

- Kindly submit the above said checklist duly signed and stamped by the authorized signatory of the entity
- **Circuit Number and IP Address is mandatory to be given**

On company's letterhead

Date:

To
The Membership Department
Multi Commodity Exchange of India Ltd
Exchange Square, CTS No-255,
Suren Road, Chakala, Andheri (East),
Mumbai - 400 093

Sub: Application for Surrender of TCL / TTML / Airtel / MTNL / Reliance Point to point leased circuit *

This has reference to the Point to Point (P2P) leased circuit which is installed in our premises for MCX trading. We want to surrender this P2P leased circuit. The details of the same are mentioned below.

Name of Trading Member	
Member Id	
City	
Pin Code	
Address of the site where the circuit is terminated (End –A address)	
Service Provider Name	
Speed of the leased line (Kbps/Mbps)	
Circuit ID **	
IP Address **	
Contact Person name	
Contact Number (Landline) with STD code	
Contact Number (Cell Phone)	
Fax Number with STD code	
Email Id	

Further you are requested to remove mapping of the following USER IDs from the said leased line. (Provide only the user ids below):-

- a)
- b)

We hereby agree and bind ourselves to be responsible for all acts, quotations and transactions done, trades made, or affected by these user(s) on the Trading System. We will be responsible to Exchange for clearing any dues for these user(s).

You are requested to process our application and further we confirm that the charges towards the same will be paid by us to the Exchange on intimation.

For any further communication in this regard, please contact Mr / Ms / Mrs _____ (name of the contact person) on _____ (contact numbers) or email at _____.

For _____ (Name of the Member)

_____ (Signature of the designated director / authorized signatory)

* Strike out whichever is not applicable

** Circuit Number & IP address is mandatory to be given.

If the application is running more than one page, please sign each page of the application