TECHNOLOGY MIGRATION PROJECT - REGISTRATION FORM

Date: 24-Feb-2021 Version: v1.0

1. **Organization Name:**
2. **Member/ISV/Other (please specify – e.g., Settlement Bank):**
3. **If ISV (check all that applies):**
   * Back office (e.g. Clearing) ☐Front office (e.g. Trading) ☐Market Data
4. **Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Email ID |  |  |  |
| Phone No. |  |  |  |
| Designation |  |  |  |
| Area of Expertise\* |  |  |  |

\* Area of Expertise (*Example: trading, clearing, risk, IT, compliance etc.)*

1. **If Member, ISVs used for DGCX Group activities and Contact Details (if known):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of ISV |  |  |  |
| Contact Name |  |  |  |
| Email ID |  |  |  |
| Phone No. |  |  |  |
| Designation |  |  |  |
| Area of Expertise\* |  |  |  |

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F. +971 4 361 16 17

E. [info@dgcx.ae](mailto:info@dgcx.ae)

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PO Box 37736, Dubai, UAE

1. **If ISV, Member using the application and Contact Details (if known):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Member |  |  |  |
| Contact Name |  |  |  |
| Email ID |  |  |  |
| Phone No. |  |  |  |
| Designation |  |  |  |
| Area of Expertise\* |  |  |  |

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