**Disablement of Admin or User ID**

|  |  |
| --- | --- |
|  |  |
| **Clearing Member (CM) Name** |  |
| **CM Code** |  |
| **Trading Member (TM) Name** |  |
| **TM Code** |  |
| **Name of the person submitting the form** |  |
| **Date** |  |

**Please fill in as applicable:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **ID** | **User Name** | **Trader/ User** | | **Drop Copy** | **Trading Member** | | | **Clearing Member** | |
| **EOS Trader** | **FIX User** | **Super User (TSU)** | **Risk User (TRU)** | **Member Admin (MA)** | **Risk User (CRU)** | **Member Admin (MA)** |
| 1 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 2 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 3 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 4 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 5 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 6 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 7 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 8 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 9 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 10 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 11 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 12 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 13 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 14 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |
| 15 |  |  | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** | **🞏** |

**Note: The Member certifies that the information included in this form is correct, that the individual submitting the**

**form is authorized to do so and undertakes to maintain all records and books for inspection and audit by**

**the Exchange/regulatory authorities as appropriate.**