

Token Application Form

(Email to operations@asiapacificex.com)

Type of Request	New Replacement Replacement Reason:	
APEX System	 APEX Member Client Management System (MCMS) APEX Clear System APEX Clear Delivery System (ACDS) APEX Pre-Trade Risk Control (PTRC) APEX Block Trade Facility (BTF) 	
Date	DD/MM/YYYY	

Applicant Details		
Member / IDB Name:		
Member / IDB ID:		
Name:		
Designation:		
Email Address:		
Identification Code:		
Mailing Address:		
Contact Number: (with country code)		

The Applicant hereby applies for a <u>new token / token replacement</u> (delete as applicable). The Applicant agrees that this application is conditional upon APEX's approval.				
Name / Designation				
Signature / Date				



FOR CLEARING HOUSE ONLY			
Processed by Clearing House:	Verified by Clearing House:		
Name:	Name:		
Signature / Date:	Signature / Date:		
Token Assigned / APEX System:			

Updated: 18 September 2020