

## **System Application**

Managed Data Solution
Recipients – NASDAQ U.S. Data

This System Application is for Recipients of Managed Data Solutions from an authorized datafeed Distributor. NASDAQ requires that your firm submit a <u>separate</u> System Application for <u>each Managed Data Solution</u>.

NOTE: THE MANGED DATA SOLUTION BILLING MODEL IS FOR INTERNAL USAGE ONLY.

Date of A	pplication:				
Managed	Data Recipient:				
Distribut	or/ Datafeed Provider:				
SECTION	I 1: CONTACT INFORM	MATION			
Primar	y/ Business Contact		Technical Contact		
F	irst Name	Last Name	First Name	Last Na	 ime
Phone Number			Phone Number		
E-mail Address			E-mail Address		
Group E-mail Address [optional]			Group E-mail Address [optional]		
Address			Address		
	I 2: SYSTEM INFORMA		ormation/ market data.		
1.	Will Information from this System be redistributed to additional servers, which in turn, can redistribute data to various and/or devices?			□ No	☐ Yes
2.				☐ Yes	

## **SECTION 3: SYSTEM INFORMATION**

Indicate which NASDAQ data	U.S. Products				
products are received on this	☐ NASDAQ Tota	alView	TotalView-ITCH FPGA		
Managed Data Solution	☐ NASDAQ Ope	enView $\square$	BX TotalView		
	☐ NASDAQ Lev		PSX TotalView		
	☐ PHLX Orders		Top of PHLX Options [TOPO]		
	☐ Best of NASD	AQ Options [BONO]			
	□ NASDAQ ITCH To Trade Options [ITTO]				
Indicate total number of					
servers/devices managed by the					
Distributor	To	otal Devices	Month/ Year		
If no servers/devices are					
presently on the network,					
provide approximate start date		ad Tatal Davisas	Month / Voor		
and expected number	Expected Total Devices		Month/ Year		
SECTION 4: NON-DISPLAY					
SECTION 4: NON-DISPLAY					
	n-Display?	Proximity Services	<b>Co-location</b>		
a. How will your firm offer No	ii-Dispidy:	Troximity Scrinces	00 100001011		
<ul><li>a. How will your firm offer No Automated Trading [specify]</li></ul>	ii-Dispidy:	Troximity services	Consumon		

## **SECTION 5: SIGNATURE**

Other Non-Display use [specify]

Order Routing

I certify that the information provided on this System Application is accurate.

Managed Data Solution Recipient Firm Name	
Signature:	
Name of Signatory:	
Title:	
Date:	