

Turquoise Information Licence Agreement (ILA) Application Form (V1.0)

A) LICENSEE DETAILS

Table 1	Licensee Details	
Name		
Address		
Billing Address (if different)		
Member of Turquoise Services Limited	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Affiliated Companies	Yes* <input type="checkbox"/> No <input type="checkbox"/> * If Yes, complete Section C Table 4.1	
Service Facilitators	Yes * <input type="checkbox"/> No <input type="checkbox"/> * If Yes, complete Section C Table 4.2	
Receipt of Information	<input type="checkbox"/> Direct from Turquoise <input type="checkbox"/> Via Distributor (s)	
	Name of Distributor(s):	
This Application Form is:	<input type="checkbox"/> part of a new Agreement <input type="checkbox"/> An update of the existing Agreement effective from: Effective date of the former Application Form:.....	

Table 2	Licensee's Contacts Authorised to deal with Turquoise	
	Main contact	Secondary contact
ILA Notices and Amendments		
Name:		
Title:		
Phone:		
Email:		
Compliance and Audit		
Name:		
Title:		
Phone:		
Email:		
Information Management		
Name:		
Title:		
Phone:		
Email:		
Administration/Reporting/Payment		
Name:		
Title:		
Phone:		
Email:		

B) USE AND DISTRIBUTION OF INFORMATION

Please complete Table 3 to describe how you propose to receive and use Information or change your use of Information. If you are a new Licensee please tick “Add” to indicate your proposed use of Information. If you are an existing Licensee and you wish to change an existing use of Information, please indicate whether the change is an addition (Add) or deletion (Del.) by ticking the appropriate box and specifying the proposed date of the change.

Table 3	Use of Information Products								Notes	
	Inside Licensee’s Group				Outside Licensee’s Group					
	Real-time		Delayed		Real-time		Delayed			
Information Product	Add	Del.	Date	Add	Del.	Date	Add	Del.	Date	
Level 1	[]	[]		[]	[]		[]	[]		1, 2
Level 2	[]	[]		[]	[]		[]	[]		1,2

Notes

1. See ILA Schedule 1 for description of Information Products.
2. See ILA Schedule 2 for definitions of capitalised terms and descriptions of Information usage rights and applicable policy statements.

C) LICENSEE’S GROUP

If you wish Affiliated Companies or Service Facilitators to have access to Information, please complete Table 4. You may regard changes to Table 4.1 as accepted by Turquoise unless Turquoise notifies you of an objection within thirty (30) days of your notification of the change. All proposed changes to Table 4.2 are subject to prior written approval of Turquoise.

Table 4	Licensee’s Group Members					
4.1 Affiliated Companies						
Add	Del.	Date	Name	Registered Address	Licensee’s Group Holding (%)	
[]	[]					
[]	[]					
[]	[]					
[]	[]					
[]	[]					
[]	[]					
[]	[]					
4.2 Service Facilitators						
Add	Del.	Date	Name	Registered Address	Service Function*	Relationship with Licensee**
[]	[]					
[]	[]					
[]	[]					
[]	[]					
[]	[]					
[]	[]					

* Select all applicable from: software provider, sales agent, introducing broker, communications provider, hardware provider. Specify any additional function not covered by these descriptions.

** Select all applicable from: contractor, associated company (not controlled), Service Subscriber.
Specify any additional relationship not covered by these descriptions. Turquoise reserves the right to inspect evidence to support relationship.

Signed on behalf of Licensee

By _____
Name _____
Title _____
Date _____

Signed on behalf of Turquoise

By _____
Name _____
Title _____
Date _____