

CME Group Collateral Services

NEW Collateral Request Form

Requesting Entity

FCM

Client

Other:

Collateral Type

Please provide a brief description of asset/collateral

Domestic Collateral

Foreign Collateral

Country

Foreign Country Custody Bank Desired (If applicable)

ASSET MARKET BREADTH	DEPOSIT ESTIMATES	MEASURE OF LIQUIDITY	FUTURES & OPTIONS, OTC, OR BOTH

Please provide description on measures of liquidity

Please provide description of business purpose

Contact Information (Required)

Contact Name

Email

Phone Number