Date completed:	
(For CME Group use only)	

Hand-Held Cancellation Form



Trader Symbol:	Trader Name:		
Clearing Firm #:	Pit Location:	Cancellation Date:	
Firm Admin (Please print):		Firm Telephone:	
To assist us with the Hand-h	neld program, please	tell us the reason you are canceling.	
Member's Signature:			
Please do not write below this line (F	or CME GROUP staff only)		
**************	*********	***************************************	

Staff please check boxes accordingly

	CHECKLIST	TEAM	STAFF MEMBER
Contact Brian Linker		TFTS	
Scanning Program		TFTS	
User list		TFTS	
Hardware		TFTS	
Admin Tool		GCC ADMINS	
EDB -TFS		GCC ADMINS	
EDB - GCC		GCC ADMINS	
GHOST		GCC ADMINS	
ITSM		GCC ADMINS	
Fax Copy To Firm Admin		GCC ADMINS	

Staff who received unit Signature: