**Order Form №**     dated «     » 20

for Moscow Exchange connectivity in global Points of Presence through Avelacom network

1. **User details:**

Company name:     ; Postal Address:

Taxpayer ID:      /

Bank details:      ;

Contacts for contractual inquiries: e-mail      ; phone      ;

Contacts e-mail for billing inquiries: e-mail      ; phone      ;

Contacts e-mail for technical issues: e-mail      ; phone      ;

1. **Whiсh POP you would like to connect to**: (please select)
2. **Please select type of access:** (please select)
3. **Which media type is preferred for each interconnect in chosen POP?**



1. **What IP address space will be used for the transit network?**

It is assumed that a range larger than /30 will only be required if it is necessary to allocate a source range to the Client hosts that includes the transit network.

1. **What IP address space will be used as the User’s source range?**





1. **What port settings should be used to ensure a successful interconnect negotiation?**

The following settings should be used by default:

* Full Duplex
* 1000Mbps
* Auto‐negotiation enabled
* MTU 1514

Should you require any amendment to these settings, please state the preferred choice:

Comment:

1. **What routing protocol should be used between the User and MOEX network?**





If BGP is required, please provide the following:

* Client Public AS number (a private AS can be assigned by MOEX if required)

Comment:

* Timer preference (Keepalive is set as 30, Hold as 90 by default)

Comment:

* Expected prefixes to be advertised (not required if the private IP address space is assigned)

Comment:

* MD5 password (if required)

Comment:

1. **What method will be used to join the multicast groups?**





It is assumed that the Client should support source specific multicasting (SSM) for MOEX Market data. Please ensure your setup meets the requirements.

1. Special requirements:
2. **Activation Date:** «     » 20

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| --- | --- | --- |
| **By Public Joint-Stock Company “Moscow Exchange” acting as authorized representative of Operator**  |  | **By User: Company Name****Signatory Name****Title** |
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This Order Form is executed in acceptance with the Rules of network connectivity to Moscow Exchange in global Points of Presence through Avelacom network.