

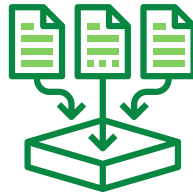
The Central Securities Clearing System (CSCS) Application Programming Interface (API) Framework is a set of subroutine definitions, protocols, and tools for requesting services from CSCS using a set of clearly defined methods of communication.

The API is a web-based system using a secured Hyper Text Transfer Protocol, for the efficient transfer of data which is exposed to ensure an electronic seamless mode for data transfer while ensuring an improved turnaround time.

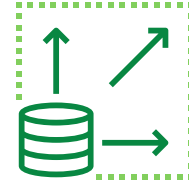
The CSCS API Service Platform is used to expose the following services:



Data Accessibility



Operations Transactions



Links to related systems/external compliance databases

This API request form captures your requirements for new API service requests from CSCS.

CLIENT INFORMATION

Company Name: _____

Company Address: _____

RC Number: _____

Contact Person: _____

Email Address: _____

Mobile: _____

Date: _____

House Code (if applicable): _____

ORGANIZATION CATEGORY

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Custodian | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Asset Manager | <input type="checkbox"/> Aggregator | <input type="checkbox"/> Fintech |
| <input type="checkbox"/> Others (Please specify) _____ | | |

API REQUEST

- Account Opening
- CSCS Account Validation
- Single Portfolio View
- Others (Please specify) _____

INTEGRATION TYPE

- Direct Integration
- Integration Via a Third-party Provider
(e.g. OMS Vendor)

For integration through a third-party provider, kindly provide the following:

Vendor Name: _____

Email Address: _____

Phone Number: _____

(NB: Only OMS vendors who have carried out integration tests with CSCS can integrate with CSCS' system)

PURPOSE OF DATA REQUEST

- | | | |
|--|--|--|
| <input type="checkbox"/> Project | <input type="checkbox"/> Re-Distribution | <input type="checkbox"/> Research & Analysis |
| <input type="checkbox"/> Process Enhancement | <input type="checkbox"/> Reporting & Analytics | <input type="checkbox"/> Integration with Online Application |
| <input type="checkbox"/> Others (Please specify) _____ | | |

FREQUENCY

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Others (Please specify) _____ | | <input type="checkbox"/> Real-time |

INPUT (EXPECTED RESULT)

OUTPUT (EXPECTED RESULT)

CUSTOMER ACCEPTANCE

By signing this document, I accept that all information provided herein are true representations of the intended use of the requested service.

Full Name of THE CLIENT

Authorized Signatory of THE CLIENT
