e u r e x *circular 76/99*

To: All Eurex members and vendors

Datum: Frankfurt, 10th August 1999

Connection test Eurex Release 3.0 Production User Devices on 21st August 1999

Dear Sir or Madam,

A connection test for Eurex Release 3.0 Production User Devices will be performed on Saturday, August 21st , 1999 between 10.00 a.m. and 2.00 p.m. CET. The originally foreseen starting time for this has been rescheduled from 9.00 a.m. to 10.00 a.m. The connection test is strongly recommended to ensure a smooth introduction of Eurex Release 3.0 on August 23rd.

Therefore, kindly use the enclosed fax reply sheet to name the person in your company who will perform the connection test, as well as the telephone and fax numbers under which he/she can be reached during the connection test.

Please make sure that the named technical contact person is able to log in to the Eurex System to check any incoming broadcasts in the Newsboard (D050).

Information with more details on the introduction of Eurex Release 3.0 on 23rd August 1999 (User Devices only) and the MISS introduction on 06th September1999 will be sent out with separate circulars.

Please forward this circular to your Eurex system administrator.

If you have any questions, please do not hesitate to contact the Eurex Member Readiness Team on Tel. +49-(0)69-2101-1700.

Yours sincerely,

Andreas Preuß

Hartmut Klein

Attachment

Eurex Deutschland
Börsenplatz 7 - 11
D-60313 Frankfurt am Main
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Eurex Member Readiness
Tel. +49 (0)69-2101-1700
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Executive Board:
Dr. Jörg Franke, Otto E. Nägeli
Andreas Preuß, Jürg Spillmann

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F a x - R e p l y

PLEASE COMPLETE THIS FORM IN **BLOCK CAPITALS** AND RETURN IT TO THE EUREX HOTLINE IN FRANKFURT BY **August 16th 1999**

TO: Eurex Functional Member Readiness Team

Frankfurt: **+49 (0)69 2101-1701**

FROM : Institution / Company: _____

MEMBER IDENTIFICATION CODE __ __ __ __ __

Our contact person for the Eurex Release 3.0 User Device connection test between 10:00 a.m. and 02:00 p.m. CET on the **21st of August 1999** will be:

First name / Name: _____

Phone: _____

Fax: _____

_____

Date Place Signature

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