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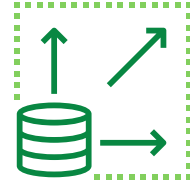
The CSCS API Service Platform is used to expose the following services:

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.

API SERVICE REQUEST FORM

CLIENT INFORMATION

Company Name: _____

Company Address: _____

Email Address: _____

Mobile: _____

Contact Person: _____

Date: _____

House Code (if applicable): _____

For integration with a third party provider (Vendor), kindly enter the following:

Vendor Name: _____

Email Address: _____

Phone Number: _____

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

ORGANIZATION CATEGORY

- [ ] Bank
- [ ] Custodian
- [ ] Stockbroker
- [ ] Asset Manager
- [ ] Aggregator
- [ ] Fintech
- [ ] Others (Please specify) _____

API REQUEST

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

PURPOSE OF DATA REQUEST

- [ ] Project
- [ ] Re-Distribution
- [ ] Research & Analysis
- [ ] Process Enhancement
- [ ] Reporting & Analytics
- [ ] Integration with Online Application
- [ ] Others (Please specify) _____

API SERVICE REQUEST FORM

FREQUENCY

☐ Hourly ☐ Daily ☐ Weekly

☐ Monthly ☐ Quarterly ☐ Annually

☐ Others (Please specify) _____ ☐ 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

_____