



STATEMENT OF AUTHORITY FOR AQUIS EXCHANGE EUROPE

We, (the Clearing Participant), hereby inform you that the Trading Participant, as indicated under "full name and address of the Trading Participant" is authorised, to conclude in our name trades in:

Clearing Participant Name	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	Post Code <input type="text"/>
Country	<input type="text"/>	

- | | | |
|--|---|---|
| <input type="checkbox"/> Aquis EU | <input type="checkbox"/> Activate securities in all markets | |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Germany | <input type="checkbox"/> Sweden |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Italy | <input type="checkbox"/> Euroclear Bank |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Netherlands | Spain (please complete special SoA) |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Norway | |
| <input type="checkbox"/> France | <input type="checkbox"/> Portugal | |

These trades, when concluded, will be binding on us in accordance with the Clearing Participant Agreement and the Clearing Rules.

This authorisation comes into force on (date):

This authorisation is limited to Trades concluded with the Trading BIC as mentioned under "BIC of Trading Participant". The authority granted by this Statement of Authority may be suspended or terminated by notice to the Trading Participant with immediate effect.

Notwithstanding the above, we hereby confirm to EuroCCP that they may rely on this Statement of Authority until its suspension or termination will have been confirmed by EuroCCP in accordance with chapter 5.2.2 of the Clearing Rule Book.

Full name and address of the <u>Trading Participant</u> :	Trading Participant Name	<input type="text"/>	
	Address	<input type="text"/>	
	City	<input type="text"/>	Post Code <input type="text"/>
	Country	<input type="text"/>	

BIC of Trading Participant:

BIC of Clearing Participant:



Date and place of signing by Clearing Participant:

Date:

Place:

Authorised signature(s) Clearing Participant.

Date and place of signing for receipt by EuroCCP:

Date:

Place:

Authorised signature(s) EuroCCP.