



STATEMENT OF AUTHORITY FOR AQUIS EXCHANGE

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"/>		

all securities in all local home markets or all securities for the following local home markets. (please tick boxes for each individual market)

<input type="checkbox"/> Austria	<input type="checkbox"/> Finland	<input type="checkbox"/> IDR's	<input type="checkbox"/> Norway	<input type="checkbox"/> Switzerland
<input type="checkbox"/> Belgium	<input type="checkbox"/> France	<input type="checkbox"/> Italy	<input type="checkbox"/> Portugal	<input type="checkbox"/> United Kingdom
<input type="checkbox"/> Denmark	<input type="checkbox"/> Germany	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Sweden	Spain (please complete special SoA)

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 it 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:

Date and place of signing for receipt by EuroCCP:

Date:

Place:



Authorised signature(s) Clearing Participant.

Authorised signature(s) EuroCCP.