

Authorisation form for collateral swaps via email

This form should be used when Clearing Participants wish to send emails when sending instructions to EuroCCP to deposit or withdraw money or securities.

| | | | |
|------------------------------|--|------|--|
| Name of Clearing Participant | | | |
| CPs membership no. | | Date | |

We herewith authorize EuroCCP to act upon instructions to deposit / withdraw Collateral in / from the Cash Collateral account held in the administration of EuroCCP. EuroCCP can act accordingly if emails will be received from one of the below email address (es) without limitation:

| | | | |
|-------|--|-------|--|
| email | | email | |
| email | | email | |
| email | | email | |
| email | | email | |

| | |
|---------------------------|--|
| Name authorised signature | |
| Signature | |

| | |
|---------------------------|--|
| Name authorised signature | |
| Signature | |

To be completed by EuroCCP staff

| | |
|--------------------------|--|
| EuroCCP cash accounts | |
| Approval Risk Management | |

| | |
|------------|--|
| Handled by | |
|------------|--|