

**STATEMENT OF AUTHORITY FOR EURONEXT DUBLIN
IRELAND**

We, (the Clearing Participant), hereby inform you that the Trading Participant, as indicated under "full name and address of the Trading Participant", to conclude in our name trades in all securities traded **on XESM, XATL, XMSM**.

Clearing Participant Name
Address
City Post Code
Country

Level of netting requested for Irish **PRINCIPAL** trades in Irish securities. *(Agency trades will never be netted and as such will settle gross)*

<input type="checkbox"/> No netting <small>(gross settlement per execution)</small>	<input type="checkbox"/> Directional netting <small>(aggregation)</small>	<input type="checkbox"/> Full netting	<input type="checkbox"/> Resolve strange net by Directional netting
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Level of netting requested for Irish **AGENCY** trades in Irish securities.

<input type="checkbox"/> No netting <small>(gross settlement per execution)</small>	<input type="checkbox"/> Directional netting <small>(aggregation)</small>	Full netting not available
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Preferred new account number for Irish Agency trades
(default will be next available EuroCCP account)

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.

Trading Participant Name

Full name and address of the Trading Participant:

Address
City Post Code
Country

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.