

STATEMENT OF AUTHORITY FOR EURONEXT

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

Address

City Post Code

Country

Dealing capacity of Trading Participant

Broker Dealer Market Maker

TCS service (applicable for all market segments indicated below).

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"/> Euronext Access ETF XMLI	<input type="checkbox"/> Euronext Best of Book TNLB
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<input type="checkbox"/> Euronext Amsterdam XAMS	<input type="checkbox"/> Euronext Brussels XBRU ALXB MLXB
<input type="checkbox"/> Euronext Paris XPAR ALXP	<input type="checkbox"/> Euronext Lisbon XLIS ALXL ENXL

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.

We hereby confirm to EuroCCP that the Trading Participant has agreed to choose EuroCCP as their preferred clearing organisation for the selected markets.

Notwithstanding the aforementioned, 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.

Trading Participant Name

Full name and address of the Trading Participant:
 Address
 City Post Code
 Country

BIC of Trading Participant:

Euronext Member Code:

Date and place of signing by Clearing Participant:

Date:

Place:

Authorised signature(s) Clearing Participant.

BIC of Clearing Participant:

Date and place of signing for receipt by EuroCCP:

Date:

Place:

Authorised signature(s) EuroCCP.