



STATEMENT OF AUTHORITY FOR Turquoise Global Holdings Europe BV IRELAND

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 all securities traded in the Irish home market:

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

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

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):	<input type="text"/>
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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.

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

BIC of Trading Participant:	<input type="text"/>
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BIC of Clearing Participant:	<input type="text"/>
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Date and place of signing by Clearing Participant:
Date: <input type="text"/>
Place: <input type="text"/>

Date and place of signing for receipt by EuroCCP:
Date: <input type="text"/>
Place: <input type="text"/>

Authorised signature(s) Clearing Participant.

Authorised signature(s) EuroCCP.