



STATEMENT OF AUTHORITY FOR OTC TRANSACTIONS TRAIANA

We, (the Clearing Participant), hereby authorise the Trading Participant, as indicated under "full name and address of the Trading Participant", to conclude in our name trades in all securities in the Regulation Securities, which will be binding on us in accordance with the Clearing Participant Agreement and the Clearing Rules.

Clearing Participant Name
Address
City Post Code
Country

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

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.