

Application for selective acceptance of internal delivery instructions without matching instructions

We, the undersigned, representing,

Registered Company name (in full)

Address

City

Post code

Country

Telephone

Fax

Email

request LuxCSD S.A. to designate the following accounts previously opened or currently being opened in our name for selective acceptance of internal delivery instructions without matching instructions:

Account numbers of existing accounts to be included in the set of accounts to which the service is to be applied:

Account number of one of our accounts in the set of accounts to which the service is already applied:

(if there is no account to which the service is already applied (that is, this is to be the first account in the set), please complete this entry with "none".)

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from LuxCSD.

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

Please return the completed form to:

LuxCSD S.A.

c/o Clearstream Banking S.A.

Attention: Account Administration Luxembourg

L-2967 Luxembourg