

# Application for single matching account service

---

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 the single matching account service.

Account designated as the group matching account (GMA): \_\_\_\_\_

Account numbers to be designated as members of the single matching account group:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
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.

Attn: Client Due Diligence & Admission NCSC

L-2967 Luxembourg