

Electronic Invoice Distribution

We, the undersigned, representing,

Registered Company name (in full)

Name of branch¹

Legal address

City

Post code

Country

Main account number

OR

VAT number²

request LuxCSD S.A. ("LuxCSD") to designate the following accounts previously opened or currently being opened in our name for the Electronic Invoice Distribution service. The service should be eligible for

- All existing and future accounts of the Company at LuxCSD; or
- The following account numbers of the Company at LuxCSD.

(the "Account(s)")

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from LuxCSD. With the subscription to the Electronic Invoice Distribution service, paper invoices will no longer be sent.

The Company needs to ensure that the relevant email address is up to date at all times and that emails are received and will set up relevant processes to ensure settlement of the relevant invoices received by the Company on such email account when due. The Company will give at least 15 days prior notice to LuxCSD if the announced email address changes or becomes void.

Email recipient (invoice recipient) for Electronic Invoice Distribution

- We request to receive the invoice via email as PDF attachment to the following email address:

Email address of the invoice recipient (LuxCSD recommends to indicate a group email address)

1. If you do not wish to apply for Electronic Invoice Distribution for all branches of your institution, please indicate only your branch (maximum one per application form). To subscribe to Electronic Invoice Distribution only for accounts of the registered company itself and not for any branch, please enter the name of the registered company here.
2. Non-European customers who have no VAT number or main account number assigned yet, please enter the local registration number and provide proof of this number (that is, an extract from the company register).

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

Please return the completed form to:
LuxCSD S.A.
Attn: Client Data Management (CDZ)
L-2967 Luxembourg