

D7 Digitiser Application Form

Clearstream Banking AG
Primary Market Services Germany
Trakehner Straße 6
60487 Frankfurt am Main
Germany

Email: D7issuance@clearstream.com¹

Contact details of the client

Name of the client

LEI of the client

Contact person

Telephone

Email

We, the undersigned, representing the above-mentioned client hereby apply for subscribing to the Clearstream Banking AG ("CBF") D7 Digitiser services for electronic securities for account number _____.

Authorised signature(s) of the clients²

By signing, the client acknowledges and accepts the applicable version of the CBF D7 Digitiser Service Terms.

Signature

First name and surname

Place

Date

Signature

First name and surname

Place

Date

¹ Signed original version of this document shall be sent to the address mentioned above. Digital version of this document shall be sent to the email address mentioned above.

² The signatures must be on file with the CBF register of authorised signatories.