

Electronic Invoice Distribution

	ot by hand.			
	,			
Registered Company name (in full)				
Name of branch ¹				
Legal address ²				
City ²	Post code ²		Country ²	
	Main account number	OR	VAT number ³	
	All existing and future acThe following account nu			, and the second

- your application won't be considered for Vestima Participant ID(s) under a specific branch.
- Please complete the legal address, city, post code and country of the entity that is the account(s) holder.
- Non-European clients 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).
- As alternative to this form, you can apply for the Electronic Invoice Distribution service via free-format SWIFT message MT599. If you choose a request via SWIFT message, please ensure that following information is included in the message:

 Attention: OSM Unit;

 - Registered Company name (in full);
 - Name of branch (if applicable);
 - Legal address, city, postcode and country;
 - Main account number **OR** VAT number;

 - Email address of the invoice recipient.
 In addition, please confirm in the SWIFT message if:
 The request applies to all existing and future accounts of the Company at CEU; **OR** The request applies only to the following account numbers of the Company at CEU
 - (please list the account numbers).

	We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from CEU. 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 CEU if the announced email address changes or becomes void.		
Email recipient (invoice recipient) for Electronic Invoice Distribution ⁶	We request to receive the invoice via email as PDF attachment to the following email address:		
	Email address of the invoice recipient (one email address only)		
Internet access to the Billing Portal ⁷ (optional)	We certify to have access to the Billing Portal.		
	Email address of the central coordinator		
	OR We complete and return the attached Billing Portal application form.		
Authorised signature(s)			
	Signature	Signature	
	Name	Name	
	Title	Title	
	Place	Place	
	Date	Date	

Please return the completed form to:

Clearstream Europe AG Attn: Client Data Management (CDZ) D-60485 Frankfurt am Main

^{6.} Please provide only one email address in the field "Email address of the invoice recipient".
7. The invoice copies are available in the Billing Portal. In order to get access to the Billing Portal please complete and return the related subscription form (Application form for access to Billing Portal of Deutsche Börse AG).