clearstream | DEUTSCHE BÖRSE GROUP

Account Closure Form

We, the undersigned, representing,

Registered Company name (in full)*

hereby request Clearstream Europe AG ("CEU") to close the following account(s) in our name:

☐ CASCADE account master (inclusive all CASCADE sub-accounts):

☐ CASCADE sub-account(s):
(CASCADE account master shall remain, only specific sub-account(s) shall be closed)

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☐ Creation account(s):

Reason for account closure

Requested date for account closure[1]

Authorised signature(s)[2]

Signature*	Signature(*)
First name* Surname*	First name(*) Surname(*)
Title	Title
Place	Place
Date	Date

* Mandatory fields
1. The account will be closed after verification that no specific services are being used. It is expected that the account would be closed by the middle of the following month.
2. Signatures must be deposited with CEU.