

Euro Night-Time Funding Link Application Form

Euro Night-Time Funding Link between the Single Shared Platform Ancillary System Interface and Clearstream Banking Luxembourg

Registered Company name (in 1	ull)		
Address			
City	Post code	Country	
Telephone	Fax		
Email	Contact name(s)		
	("Home Centra	Bank") for the purpose	
RTGS sub-account			
RTGS sub-account			
Signature	Signature		
Name	Name		
Title	Title		
Place	Place		
Date	 Date	 Date	
	Address City Telephone Email hereby apply to participate in which we intend to make use of covering our liquidity required Clearstream Banking S.A., Light RTGS sub-account RTGS sub-account Signature Name Title Place	Telephone Fax Email Contact name(s) hereby apply to participate in the Euro Night-Time Fundin which we intend to make use of funds and collateral we have the control of covering our liquidity requirements for the Night-Time Clearstream Banking S.A., Luxembourg (CBL) for the following RTGS sub-account RTGS sub-account Signature Name Name Title Place Place	

Authorised signature(s) of RTGS sub-account holder

Confirmation of RTGS sub-account holder if not identical with CEU account holder: We hereby agree that the participation in the Euro Night-Time Funding Link for the above CEU account may be conducted as applied for via our RTGS sub-account as specified above (according to the existing TARGET2 form no. 1014 "Sub-account for dedicated liquidity").

Signature	Signature
Name	Name
Title	Title
Place	Place
Date	

Please return the completed form to:

Clearstream Europe AG

Attn: Client Data Management (OSM) D-60485 Frankfurt am Main