

Letterhead of Issuer

ISSUER EFFECTUATION AUTHORISATION AND DISPOSAL INSTRUCTION FOR STAND-ALONE SECURITIES

Name of Issuer:

Address of Issuer:

Place of Execution (city):

Date:

To: Name of Common Safekeeper: CLEARSTREAM BANKING S.A.
 Address of Common Safekeeper: c/o CLEARSTREAM EUROPE AG
 CSK DESK
 TRAKEHNER STRASSE 6
 60487 FRANKFURT
 GERMANY

Dear Sirs,

(the **Issuer**)

ISIN:

We refer to the (temporary and) permanent global note representing the above-captioned Notes to be received by Clearstream Banking S.A. (the **CSK**) from ourselves or

any agent acting on our behalf (each a **Global Note**) and we hereby authorise and instruct the CSK:

- (i) To act as our agent with respect to the effectuation of each Global Note and, as such, to sign each Global Note as the final act making such note a valid security in accordance with the terms of such Global Note; and
- (ii) To destroy each Global Note in accordance with the normal procedure of the CSK upon maturity and final redemption (or, in the case of each temporary global note, full exchange for the relative permanent global note) of such Global Note.

We expressly authorise the CSK to sub-delegate the effectuation authorisation (the Authorisation) set out in paragraph (i) above to any other party acting for such CSK.

This Authorisation may be executed by electronic signature and we agree that in executing this Authorisation by electronic signature such execution shall be as valid and conclusive of our intention to be bound by this Authorisation as if this Authorisation was signed by us or on our behalf by manuscript signature.

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We hereby expressly acknowledge and agree that any execution of this Authorisation by our authorised representative via the abovementioned electronic process is made in full knowledge of the technology implemented, any related terms of use and in compliance with the applicable electronic signature laws and regulations, and accordingly, to the extent permitted by law, hereby irrevocably and unconditionally waive any right we may have to initiate any claim and/or legal action, directly or indirectly arising out of or relating to the reliability of such electronic signature process and/or its evidence of our intention to enter into this Authorisation.

Yours faithfully,

Signed on behalf of:

(the **Issuer**)

By:

(Signature of Authorised Officer of Issuer or agent with Authorisation of Issuer)

*Print Name of
Signatory:*

Street Address:

City:

Country:

Postal Code:

Telephone:

Email:

The inclusion of this address and contact information is required by ICSDs.