

Account Closure Form

We, the undersigned, representing,

hereby request Clearstream Banking S.A.¹ Registered Company name (in full)*
to close the following account(s) in our
name:

Main account²: _____

Third-party accounts: _____

Additional accounts: _____

Fund Issuance Accounts (FIA): _____

File Transfer accounts: _____

Reason for account closure

Authorised signature(s)³

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

* Mandatory fields
 1. Clearstream Banking S.A. (CBL), with its registered office located at 42 avenue JF Kennedy, L-1855 Luxembourg, Luxembourg and registration R.C.S. Luxembourg number B 9248. CBL is also registered as an Australian CS (Overseas) Facility, under subsection 824B(2) of the Corporations Act 2001, with registration number ARBN 675 244 783.
 2. Closure of the main account is synonymous to the termination of the business relationship between CBL and the client.
 3. Signatures must be deposited with CBL.