

## U.S.A: Affidavit

**Please mail the completed and signed document to:**

Clearstream Services Prague Branch  
Tax Services Prague  
Futurama Business Park  
Building B  
Sokolovska 662/136b  
18600 Prague 8 Czech  
Republic

Affidavit for period from: \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Clearstream Fund Centre Luxembourg (CFCL) account:

Clearstream Fund Centre Luxembourg (CFCL) client name: \_\_\_\_\_  
 ("the Client")

With respect to:

- ☐ **The One-Time Certificate** filled-in the name of \_\_\_\_\_ and signed on \_\_\_\_\_ (mm/dd/yyyy) ("the OTC"), provided to certify the above-mentioned CFCL account on the U.S. market, and/or
- ☐ **The IRS Form** (please specify the name of the form) \_\_\_\_\_, filled-in the name of \_\_\_\_\_ and signed on \_\_\_\_\_ (mm/dd/yyyy) ("the IRS Form"), provided to certify the above-mentioned CFCL account on the U.S. market:
- we hereby certify that we have examined the OTC and/or IRS Form (as applicable) and that the information and representations contained herein remained the same and unchanged throughout the above-mentioned period, and were true, accurate and complete for this period. As such, we confirm that CFCL may fully rely on the OTC and/or IRS Form (as applicable) for the above-mentioned period and we will hold CFCL harmless and will fully indemnify CFCL for any resulting loss, claim, liability or expense.
- we certify that the below signatories have full power and authority to sign on behalf of the Client. When applicable, we further confirm that in case the IRS Form is not in the name of the Client, the below signatories have full power and authority to sign this affidavit on behalf of the individual/entity (as applicable) in the name of which the Form was provided.

**Authorised signatures:**

\_\_\_\_\_  
*Authorised Signature*

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Name \_\_\_\_\_

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*Title*

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Place

*Authorised Signature*

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Name \_\_\_\_\_

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*Title*

*Date* \_\_\_\_\_ (*mm/dd/yyyy*)