

# Application for single matching account service

We, the undersigned, representing,

Registered Company name (in full) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

request Clearstream Banking AG ("CBF") to designate the following accounts previously opened or currently being opened in our name for the single matching account service.

Account designated as the group matching account (GMA): \_\_\_\_\_

Account numbers to be designated as members of the single matching account group:

\_\_\_\_\_

\_\_\_\_\_

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from CBF. We acknowledge that the Sub-Matching Accounts (SMAs) are not used for investment funds activities and do not maintain any holdings of investment fund shares.

## Authorised signature(s)

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Place _____	Place _____
Date _____	Date _____

Please return the completed form to:  
Clearstream Banking AG  
Attn: Account Administration Frankfurt (OSM)  
D-60485 Frankfurt am Main