

Euro Night-Time Funding Link Application Form

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

We, the undersigned, representing,

Registered Company name (in full)

Address

City

Post code

Country

Telephone

Fax

Email

Contact name(s)

hereby apply to participate in the Euro Night-Time Funding Link ("ENTFL") under which we intend to make use of funds and collateral we hold with

("Home Central Bank") for the purpose

of covering our liquidity requirements for the Night-Time Processing ("NTP") at Clearstream Banking Luxembourg (CBL) for the following accounts:

CBF account

RTGS sub-account

CBF account

RTGS sub-account

Authorised signature(s) of CBF account holder

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

**Authorised signature(s) of
RTGS sub-account holder**

Confirmation of RTGS sub-account holder if not identical with CBF account holder:
We hereby agree that the participation in the Euro Night-Time Funding Link for the above CBF 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	_____ Date

Please return the completed form to:

Clearstream Banking AG
Attn: Account Administration Frankfurt (OSM)
D-60485 Frankfurt am Main