

Letter of Indemnity - French Forms 5000, 5001 and RPPM Power of Attorney - CBL

Clearstream Banking S.A.
42 avenue J.F. Kennedy
L-1855 Luxembourg
Luxembourg

Please mail the completed and signed Certificate to:

Clearstream Operations Prague s.r.o.
Attn: PTR - Tax Services
Futurama Business Park Building B
Sokolovska 662/136b
CZ-18600 Prague 8
Czech Republic

Clearstream Banking S.A. ("Clearstream Banking") account(s):

_____ (the "Account")

The undersigned customer of Clearstream Banking,

Name: _____

Address: _____

The undersigned hereby:

- requests Clearstream Banking to accept copies of Power of Attorney ("PoA") related to documents provided for relief at source, quick refund or standard refund and signed by the customer or a third party on behalf of the beneficial owner.
- irrevocably authorises Clearstream Banking to apply tax relief based on the information contained in the copies of these PoAs for the account(s) mentioned above.
- commits to provide Clearstream Banking with the original version of the PoAs upon request of Clearstream Banking and/or Clearstream Banking's depository and/or the French Tax Authorities and before a maximum of two business days prior to the deadline specified by the French Tax Authorities.
- hereby acknowledges and accepts full responsibility that failing to provide the original PoAs upon request and within the required deadline may result in the application of the default tax rate to the related dividend(s) payment(s).
- accepts full responsibility and indemnifies Clearstream Banking in respect of any claims, penalties, taxes and interest thereon levied by the French Tax Authorities or any other authority in connection with any PoA that could not be provided in original within the required deadline, or in respect of any other costs incurred in connection with any action taken in reliance upon the contents of this Letter of Indemnity.
- acknowledges that providing copies and, when required, originals of the POAs does not guarantee the application by the French Tax Authorities of the tax relief.

Authorised Signature

Authorised Signature

Name

Name

Title

Title

Place

Date