## MEMBERSHIP REQUIREMENTS

**ANNEX B.122B** 

PERSONNEL AUTHORIZED TO REQUEST THE SUSPENSION OF THE TRADING CLIENTS FROM THE MEMBERSHIP TO THE SECTION/S AND RELATED REVOCATION

Cassa di Compensazione e Garanzia S.p.A. Via Tomacelli, 146 00186 - Roma

E-mail: clearing.settlement@ccg.it

Name/Company Name:			
The Contractual Repesentati	ve:		
Name:	Family Name:		
E-mail address:			
Pursuant to Article B.2.3.3 of authorizes the following personal Section/s membership and the	the Rules, the Contractual Repropries to request CC&G the susper related revocation:	esentative, by virtue of the nsion of the Trading Client	powers conferred s from the market
Name and Family Name	Signature Specimen	E-mail address	Telephon No.
Place and date:			
		(The Contractual	l Representative)