

29/04/2021

# Contract Representative Change/Supplement

## Client data

Name/Corporate name .....(hereinafter, the "**Client**")

Belonging to (name of group) .....

Registered office in (Country).....

Address .....Post code .....

First name and family name of Legal Representative.....

Position held in the Company .....

The Client requests to Cassa di Compensazione e Garanzia S.p.A. (the Supplier) the codes (userID and password) for access to the reserved area available through the Supplier's website to be sent to the following person/s (the name of the legal representative may be indicated as well):

First name and family name ..... (hereinafter, the "**Contract Representative**")

Address.....Postcode .....

Tel. ....Mobile.....

E-mail .....

Position held in the Company .....

First name and family name ..... (hereinafter, the "**Contract Representative**")

Address.....Postcode .....

Tel. ....Mobile.....

E-mail .....

Position held in the Company .....

First name and family name ..... (hereinafter, the  
**“Contract Representative”**)

Address.....Postcode .....

Tel. ....Mobile.....

E-mail .....

Position held in the Company .....

appointing him/her/them as its representative/s for all the Services requested by the Client in order to exercise all the legal powers, both active and passive, including the power of withdrawal related to the establishment and management of the contractual relationship(s) concerning the supply of the Service(s) requested. The Contract Representative/s shall also have the power to delegate to other persons – in the limits provided by the Supplier – his managing powers, except for the power of withdrawal from and activation of new Services.

This form:

- completes previous forms by the supplement of a new Contract Representative/s;
- revokes and substitutes automatically the powers assigned to  
 .....  
 ..... and disables access codes (userID e password) assigned to such Contract Representative/s too;
- revokes the powers assigned to  
 .....  
 ..... and disables access codes (userID e password) assigned to such Contract Representative/s too.

This form is completed by the specimen signature of the Contract Representative/s (valid only for instructions other than those entered electronically by the means of the Codes) and should be sent in advance by e-mail to the following addressees:

CASSA DI COMPENSAZIONE E GARANZIA S.p.A.

Risk Management & Membership

Piazza degli Affari, 6

20123 Milano

e-mail: CCG-membership@euronext.com

**Specimen Signature**

This is the specimen signature of the Contract Representative/s nominated by the Client in order to exercise all the legal powers, both active and passive, including the power of withdrawal related to the establishment and management of the contractual relationship(s) concerning the supply of the Service(s) requested.

Name	Company	Signature

\_\_\_\_\_

Place and date)

\_\_\_\_\_

(Signature of the Legal Representative)